2016

Welcome home: a manual for the loved ones of returned combat veterans

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Graduate School of Education and Psychology

WELCOME HOME: A MANUAL FOR THE LOVED ONES OF RETURNED COMBAT VETERANS

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Clinical Psychology

by

Corrine Barner

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Louis Cozolino, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Corrine Barner

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

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Michelle Margules, Psy.D.

Robert DeMayo, Ph.D.

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DEDICATION

This dissertation is dedicated to my incredibly supportive family, Bruce, Karla, Travis, and Hillary. You have instilled in me the importance of unconditional love and support and I am continually amazed at your ability to make me feel loved, and laugh, when I need it the most. And to Logan, you are my rock. I will forever be grateful for your patience, love, and advice throughout this process.

VITA
Corrine Barner, M.A.

EDUCATION

Pepperdine University, *Los Angeles, CA* — September 2012 - Present
Doctoral Degree Program in Clinical Psychology
Dissertation Title: Welcome Home! A Manual for Reconnecting with Returning Veterans
Dissertation Chairperson: Louis Cozolino, Ph.D.

Pepperdine University, *Los Angeles, CA* — August 2009 - May 2011
Master's Degree in Clinical Psychology

University of Colorado Boulder, *Boulder, CO* — August 2003 - May 2007
Bachelor of Arts Degree in Psychology
Bachelor of Arts Degree in Sociology

University of Richmond, *Florence, Italy* — January 2006 - May 2006

CLINICAL EXPERIENCE

Metropolitan Detention Center – Los Angeles, *Los Angeles, CA* — September 2015 – Present
Pre-Doctoral Intern
Supervisors: Samantha Shelton, Psy.D., Lesli Johnson, Ph.D. & Rebecca Delgado, Psy.D.
General Duties (all year)

- Conduct weekly individual therapy to improve adaptive functioning and reduce emotional distress as a result of incarceration
- Conduct weekly Non-Residential Drug Abuse Program group and provide appropriate follow-up documentation
- Attend weekly group supervision focused on case conceptualization, treatment planning, and therapeutic progress
- Attend daily Grand Rounds to provide pertinent information to Psychology Services members
- Complete mental health intakes for newly designated inmates to determine appropriateness for housing and identify mental health concerns
- Provide appropriate documentation for all clinical contacts

Forensic Rotation (September 2015 – January 2016)

- Completed three full competency to stand trial evaluations, and one criminal responsibility evaluation, including background interview, testing, records review, staff interviews, and collateral information gathering
- Administer, score, and interpret all forensic testing for forensic evaluators and provide written interpretation in a timely manner
- Completed mental health intake screenings for all newly designed forensic evaluation inmates within two weeks of their admission to determine stability within general population and identify mental health concerns

Mental Health Rotation (January 2016 – May 2016)

- Provided brief counseling and support on Special Programs Unit (SPU) to improve overall functioning and coping skills for acute mental health symptoms
- Monitored inmates with higher care levels, which require regular check-ins to ensure stability and medication management
- Facilitated telepsychiatry clinic as liaison between inmates and psychiatrist

General Population Rotation (May 2016 – August 2016)

- Review and assess mental health screenings daily for newly admitted inmates and conduct brief in-person assessments to determine appropriate care level or need for medication
- Respond to crisis situations for all general population inmates

UCLA Mary S. Easton Center for Alzheimer's Disease Research, *Los Angeles, CA* August 2014 – July 2015
Neuropsychology Extern
Supervisor: Kathleen Tingus, Ph.D.

- Administer and score weekly comprehensive neuropsychological evaluations to adults presenting with memory concerns, traumatic brain injury, dementia, ADHD, language disorders, brain tumors, and other medical issues
- Co-conduct clinical interviews with supervisor to determine overall level of functioning, onset/progression of symptoms, and other relevant information necessary for diagnosis and case conceptualization
- Complete weekly, integrated neuropsychological report to present the results of neuropsychological evaluation, integrate medical and neuroimaging results, and provide overall impressions for diagnosis and likely etiology
- Attend weekly group supervision focused on case conceptualization, differential diagnoses, and cultural considerations and complete case presentations as assigned
- Attend weekly neuropsychology didactics and seminars focused on a variety of issues related to neuropsychological evaluation, neurodegenerative diseases, diagnosis, etc.
- Attend weekly individual supervision to review assessment results, written report, and conceptualization of clients' presenting problems and diagnoses

Sports Concussion Institute, *Inglewood, CA* August 2014 – July 2015
Doctoral Practicum Student
Supervisor: Tony Strickland, Ph.D.

- Administer neuropsychological evaluations to adolescents, young adults, and adults presenting with head injuries, chronic/acute pain, neurodegenerative diseases, and attention/focus concerns
- Conduct baseline and post-injury cognitive and balance assessments to adolescents, young adults, and adults participating in competitive sports with risk of head injury
- Co-conduct clinical interviews to assist in developing individualized, structured neuropsychological test batteries
- Complete integrated written reports with results of neuropsychological evaluations to provide impressions of client's overall cognitive functioning integrated with their history
- Provide psychoeducation on mild traumatic brain injuries to competitive sports team with risk of head injury
- Attend weekly didactic sessions and case conferences focused on behavioral neuroanatomy, traumatic brain injury, and assessment of overall functioning as related to neuropsychological functioning
- Attend weekly individual supervision to develop further understanding of clients' presenting issues within neurobehavioral theoretical orientation and receive feedback on conceptualization and report writing skills
- Participate in forensic evaluations and interviews as needed to determine the impact of neuropsychological and psychological functioning within a variety of legal cases

Encino Pepperdine Community Counseling Center, *Encino, CA* September 2012-August 2015
Psy. D. Trainee
Supervisors: Anat Cohen, Ph.D. and Michelle Margules, Psy.D.

- Provide weekly or bi-weekly therapy to clients on caseload.
- Utilize cognitive-behavioral therapy, psychodynamic, and mindfulness techniques to tailor treatment plans specifically for each client
- Manage client charts, including intake summaries, progress notes, and treatment summaries in order to ensure proper documentation of treatment interventions
- Attend weekly group supervision to increase understanding of client issues and overall conceptualization of presenting problems
- Administer, score, and interpret outcome measures at intake and scheduled intervals, including Outcome Questionnaire 45.2, and Patient Health Questionnaire-9 (PHQ-9), to assess client progress
- Provided on-call duties, which included carrying a pager and responding to clinical emergencies as needed

Metropolitan State Hospital, *Norwalk, CA* September 2013 – August 2014
Doctoral Practicum Student
Supervisors: Camille Ace, Psy.D.

- Completed 2-3 integrated assessment reports per month to provide treatment team with information regarding cognitive and personality functioning, diagnostic clarification, and malingering evaluations within both a civilly committed and forensic population with severe and chronic mental illness
- Communicated results of assessment to a multidisciplinary treatment team, including psychiatrist, unit psychologist, social worker, and nursing staff, and provide recommendations for interventions to aid in treatment planning
- Provided weekly individual therapy for clients on caseload utilizing cognitive-behavioral therapy and mindfulness techniques tailored to severe and persistent mental illness to increase insight and develop appropriate coping skills
- Completed clinical admission interview, violence risk assessment, suicide risk assessment, and relevant admissions paperwork as needed to assess for overall risk and immediate needs of patients upon admission
- Maintained thorough progress notes for all clients according to state hospital standards to provide proper documentation of treatment and interventions
- Co-facilitated psychoeducational group, Symptom Management, in order to aid patients in understanding importance of medication adherence, healthy life choices, as well as the impact of alcohol and drug use on mental health
- Co-facilitated a women's interpersonal process group to aid patients in identifying their interpersonal style and developing strong interpersonal skills to aid in their recovery

SUPERVISORY EXPERIENCE

Encino Pepperdine Community Counseling Center, *Encino, CA* September 2014-August 2015
Peer Supervisor
Supervisor: Anat Cohen, Ph.D.

- Selected by Clinical Director from a pool of applicants to provide peer supervision to two first-year Psy.D. trainees for the 2014-2015 academic year
- Meet for weekly supervision sessions with trainees in order to facilitate the development of intake, conceptualization, diagnosis, treatment planning, and written clinical documentation skills
- Review written documentation from supervisees, including intake reports and progress notes, in order to provide feedback on writing skills, conceptualization of client's presenting problems, and diagnoses
- Conduct regular chart audits of peer supervisees' client records to ensure proper documentation of treatment progress and individual therapy sessions is maintained
- Attend weekly group supervision in order to develop skills in supervision, address challenges, and identify further areas for personal development as related to supervision

PROFESSIONAL EXPERIENCE

Sober College, *Woodland Hills, CA* July 2012 – September 2014
Addiction Studies Program Manager/Assessment Coordinator
Supervisor: Robert Pfeifer, M.S.W.

- Manage a chemical dependency counselor-training program, including coordination between teacher, students, and administration as well as quality of overall program design
- Compiled results of psychological testing, conducted upon admission, into a comprehensive report to communicate client assessment results to multidisciplinary treatment team
- Provided a report with suggested treatment plan and comprehensive understanding of client's personality and psychological functioning, including a neuropsychological evaluation

Sober College, *Woodland Hills, CA* April 2008 – July 2012
Academic Director
Supervisors: Robert Pfeifer, M.S.W. and Mindi Pfeifer, L.C.S.W.

- Managed academic department operations and staff, including five full-time staff, independent contractors and all related programs
- Met weekly with students to provide educational counseling related to the unique issues experienced by young adults in early recovery, such as maintaining sobriety within a traditional college environment
- Counseled clients and families in issues related to motivation, productivity, education, and emotional issues related to their educational and occupational functioning
- Collaborated with clinical and counseling departments concerning each client as a member of the treatment team, including participation in a weekly case conference
- Coordinated with external psychologist to provide neuropsychological screenings and feedback to clients and their families, as well as integrate information into clients' individual treatment plans
- Developed the *Certificate of General Studies* program between Sober College and Woodbury University, including the design and implementation of five college level courses intended specifically for the young adults in early recovery for drug and alcohol abuse

ASSESSMENT TRAINING/ADMINISTRATION

Training/Coursework

PSY 602: Personality Assessment – *Cary Mitchell, Ph.D., Pepperdine University* Spring 2011
PSY 601: Assessment of Intelligence – *Camy Kingston, Psy.D., Pepperdine University* Summer 2011
PSY 710: Cognitive Assessment – *Carolyn Keatinge, Ph.D., Pepperdine University* Fall 2012
PSY 711: Personality Assessment – *Carolyn Keatinge, Ph.D., Pepperdine University* Spring 2013
PSY 713: Advanced Psychological Assessment – Carolyn Keatinge, Ph.D., *Pepperdine University* Spring 2014

Administration Experience:

BAI-II, BDI-II, Bender-Gestalt-II, Boston Naming Test, b Test, Category Test, Cognitstat, Comalli & Kaplan Stroop Test, Controlled Oral, Word Association Test, CPT-II, CTMT, CVLT-II, DKEFS, Dot Counting Test, Finger Tapping Test, Geriatric Depression Scale, Grooved Pegboard Test, HVOT, IMPACT, Judgment of Line Orientations, MCMI-III, MMPI-2, MoCA, NEO-PI-2, PAI, RBANS, Rey 15-Item Visual Memory Test, Rey Auditory Verbal Learning Test, Rey-Osterrieth Complex Figure Test, RCAI, RISB, RIST, Rorschach Inkblot test, SIRS, SWAY, Test of Memory Malingering, TONI-4, TOPF, Trail Making Test, VMI-6, WAIS-IV, WASI-II, Wisconsin Card Sorting Test, WMS-IV, WRAT-4

RESEARCH EXPERIENCE

Pepperdine University, *Los Angeles, CA* August 2013 – April 2016
Doctoral Dissertation
Dissertation Chair: Louis Cozolino, Ph.D.

- Title: *Welcome Home! A Manual for Reconnecting with Returning Veterans*
- Completed comprehensive review of interpersonal neurobiology, PTSD, and attachment literature as it relates to the conceptualization of difficulties combat veterans and their families face during the transition after combat
- Compiled information from literature searches into a formal literature review in order to present the relevant findings as well as identify areas of further considerations
- Identify salient obstacles currently experienced by returning combat veterans and their families in order to structure a comprehensive and beneficial guide for the family members of returning veterans
- Integrate principles of attachment-based therapeutic interventions into comprehensible strategies for the loved ones of veterans who are struggling with their veterans transition home from deployment

Pepperdine University, *Los Angeles, CA* May 2013 – June 2014
Research Assistant
Supervisors: Edward Shafranske, Ph.D. and Carol Falender, Ph.D.
- Provide research support for upcoming publication of book focusing on clinical supervision and training in the field of psychology
- Conduct and organize literature reviews to compile information on designated subtopics
- Maintain master reference list in order to ensure proper APA formatting style and inclusion of all necessary references

Sober College, *Woodland Hills, CA* July 2012 – January 2013
Supervisor: Robert Pfeifer, M.S.W.
- Conduct survey research regarding client transition and adaptive coping resources after discharge from Sober College in order to identify areas for program development/improvement
- Identify significant themes within results and present information to department directors in order to provide a comprehensive overview of the results
- Provide suggestions regarding program modification to better address future client needs

Camp David Gonzalez Juvenile Detention Facility, *Calabasas, CA* September 2007 – April 2008
Supervisor: Tom Kratochvil, Ph.D.
- Designed and implemented Youth Exit and Climate Interview for minors near release from juvenile detention at Camp Gonzalez in order to evaluate inmate perception of effective programming within the detention facility
- Participated in two research teams, regarding current reform and effective implementation of the evidence-based procedures in the Los Angeles County Juvenile Probation Department
- Received a letter of commendation from the Director of Camp Gonzalez for development and implementation of Youth Exit and Climate Interview

PUBLICATIONS

Ahmadinia, D. & Barner, C. (in press). Alzheimer's and other dementias. In Nathan Jishin Michon and Daniel Clarkson Fisher, Buddhist leaders guidebook (pp. TBD). Hacienda Heights, CA: Buddha's Light Publishing.

Barner, C. (2011, November). When am I ever going to use this again? *Recovery Today, pp. 1, 4.*

PRESENTATIONS

Barner, C., Goldsberry, J. Moore, C. (February 2016) Diversity Management Training. Metropolitan Detention Center

Barner, C., Jackson, M., & Perales, P. (February, 2015). Stand Up To Bullying: The Anti-Bullying Campaign. Lecture conducted at at Portola Middle School, Tarzana, CA

Barner, C. (2014, July). Introduction to interpersonal neurobiology and attachment theory. Peer didactic training presented at Metropolitan State Hospital, Norwalk, CA.

Barner, C., Mustafoglu, D., & Perales, P. (April, 2013). Introduction to interpersonal neurobiology and attachment theory. Guest Speakers in a Master's level course at Pepperdine University, Encino, CA.

Barner, C. & Hale, K. (2013, March). Help your child cope with anxiety. Co-Presented a workshop to parents of elementary school regarding childhood anxiety at LeMay Road Elementary School in a Van Nuys, CA.

Barner, C. & Mustafoglu, D. (2013, January). Help your child cope with anxiety. Co-Presented a workshop to parents of elementary school regarding childhood anxiety of Lanai Elementary School in Encino, CA.

TRAININGS AND CONFERENCES

Sovereign Citizen Extremists – Kevin Smith (Joint Regional Intelligence Center) 2016
Riverside, CA

Motivational Interviewing – Alisha Johnson, Psy.D. 2013
Metropolitan State Hospital, Norwalk, CA

Malingering in a Forensic Context – *Efi Rubenstein, J.D., Ph.D.* 2013
Metropolitan State Hospital, Norwalk, CA

Severe Mental Illness: Understanding Diagnostic Criteria and Differential Diagnosis – *Dae Lee, Psy.D.* 2013
Metropolitan State Hospital, Norwalk, CA

Trauma-Informed Care – *Amy Choi, Ph.D.* 2013
Metropolitan State Hospital, Norwalk, CA

CBT for Psychosis – Alisha Johnson, Psy.D. 2013
Metropolitan State Hospital, Norwalk, CA

Introduction to Couples Therapy – *Ditty Brunn, Ph.D.* 2013
Pepperdine University, Encino, CA

Child Abuse Reporting Laws, *Encino, CA* 2013
Pepperdine University, Encino, CA

Crisis Intervention Training – *Sepida Sazgar, Psy.D.* 2012
Pepperdine University, Encino, CA

Wilderness Therapy Symposium 2010
Boulder, CO

PROFESSIONAL MEMBERSHIPS

American Psychological Association 2010 – Present

PSI-CHI 2010 – Present

Los Angeles County Psychological Association 2013 – Present

American Psychology Law Association 2015 – Present

ABSTRACT

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom are the first long-term wars fought with an all-volunteer army. This has led to fewer available soldiers who are deployed more frequently and for longer periods of time. The impact of these deployments is significant and has been found to increase likelihood for substance abuse, mental health disorders, and concerns in the veteran, or service member's, social functioning and overall adjustment upon returning to civilian life. There have been significant developments in our understanding of these issues, as well as effective interventions and treatment. However, many veterans still do not seek or receive beneficial treatment due to mental health stigma, as well as other barriers. While many treatment paradigms address the unique needs of the family or the individual veteran, very few resources seek to both objectively inform and provide practical coping strategies for the loved ones of veterans. Research has shown social support is a preventative factor in regards to developing or resolving mental health concerns. Similarly, research has demonstrated that others' perceptions of mental health symptoms significantly impacts how much support and understanding their loved ones will provide (e.g. personalization of withdrawal symptoms). This manual provides a balance of both information and skills to loved ones in order to increase understanding and awareness regarding the difficulties of the transition to from military to civilian life, for both parties. Additionally, the manual integrates attachment theory concepts throughout the resource to foster self-awareness and consideration of the loved one's own relationship style and emotional regulation. The intended audience is broad and includes a wide range of important relationships that may be affected. It was broken down into three main sections that build upon eachother: Understand, Reconnect, and Rebuild. This manual was developed through critical literature review of peer-reviewed research and personal accounts.

The results of the analysis were applied to issues relevant to the transition process from military to civilian life as identified through research or review of personal accounts of the transition home from war.

Introduction

Review of Relevant Literature

Our returning veterans are facing unique challenges upon their return due to dynamics created by participating in the first long-term war fought with an all-volunteer military (Tanielian & Jaycox, 2008). Service members involved in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are experiencing longer, more frequent deployments with fewer breaks between than ever before (Tanielian, Haycox, & Schell, 2008). Additionally, advances in medicine and tactical surveillance have improved combat survival rates, leading to higher numbers of returning veterans with increased exposure to traumatic experiences (Sammons & Batten, 2008). While our understanding of post-deployment psychopathology, including posttraumatic stress disorder (PTSD), has led to the significant expansion of mental health resources for veterans, barriers to seeking treatment continue to exist (Keane, 2011). These barriers include the stigma associated with mental illness in military culture, and fear of losing valuable career opportunities if mental illness is endorsed (Zinzow, Britt, McFadden, Burnette, & Gillispie, 2012). Therefore, despite increases in information and programmatic aid for veterans, there are still many untreated mental health concerns.

The prevalence of veterans returning with combat-related mental health concerns has been estimated to be approximately 26%, with posttraumatic stress disorder as the prominent diagnosis (Tanielian et al., 2008). This number highlights the resiliency of the majority if our returning veterans, however, it also shows that approximately one-fourth experience mental distress after returning from combat, a significant proportion of our veteran population. PTSD has been found to significantly impact one's ability to engage in their interpersonal world by influencing the amount of interaction in their social environments, perception of social support,

and use of relationships as coping resources (Duax & Bohnert, 2014; Guay, Billette, & Marchand, 2006). This relationship is bi-directional as the veteran's mental health has been found to significantly impact the social environment, and vice versa, with higher levels of familial support predicting better treatment outcomes for veteran's with PTSD (Ray & Vanstone, 2009). Research has also demonstrated higher rates of child abuse, domestic violence, marital dissatisfaction, and divorce within families of veterans diagnosed with PTSD (Campbell, Brown, & Okwara, 2011; A. D. Jones, 2012; Sayers, 2011). Furthermore, traumatic events, with or without the presence of PTSD symptoms, appear negatively correlated with the presence and utilization of social support (Agaibi & Wilson, 2005). Although research has focused primarily on support from family members and spouses, social support from fellow veterans may, in fact, be one of the most impactful sources of support during recovery from combat trauma (Zinzow et al., 2012). Additionally, as many veterans experience a lost sense of belongingness or sense of self within civilian culture, rebuilding social networks may help to increase their sense of connectivity to their civilian life (Brenner & Gutierrez, 2008).

As discussed in the above literature review, attachment style has a significant impact on emotional and interpersonal functioning, particularly in the face of aversive or traumatic situations. While attachment styles are pervasive, they have been found to be malleable and may be modified by important relationships and impactful events throughout one's life (Sable, 2007). Attachment styles dictate the ability to utilize relationships to regulate distressing emotion and meet emotional needs (Seedall & Wampler, 2013), a skill that is vital while transitioning from military and combat to civilian environments. Secure attachment style has been found to be a protective factor against developing symptoms of mental illness after experiencing a traumatic stressors, such as those often encountered in combat (Agaibi & Wilson, 2005). Furthermore,

insecure attachment styles have been found to have a direct impact on the recovery process after exposure to trauma, which has been connected with both the inability to regulate emotion and tolerate the distress associated with the trauma, as well as a lowered likelihood to effectively use social support resources (Dierperink, Leskela, Thuras, & Engdahl, 2001).

As barriers to seeking mental health treatment for veterans and their families continue to exist, it is important to turn our attention towards additional areas of support and healing. The presence of strong social support, including familial and intimate interpersonal relationships, has been highlighted as a primary factor associated with better recovery outcomes for veterans (Kawachi & Berkman, 2001). Veterans diagnosed with PTSD often have difficulty regulating and expressing emotion and may engage in avoidance techniques to cope (Makin-Byrd, Gifford, McCutcheon, & Glynn, 2011). Such coping strategies can lead to estrangement from families and can increase increased relational distress; which may, in turn, exacerbate overall family and veteran distress (Monson, Taft, & Fredman, 2009; Renshaw, Blais, & Caska, 2010). While withdrawal may have been adaptive during deployment to remain focused and emotionally stable, it now creates a barrier within intimate and important interpersonal relationships. Such disconnection has been found to be mediated by the partner's perception of the veteran's symptoms as well as a lack of understanding regarding the psychological impact of PTSD and trauma (Renshaw & Campbell, 2011). Research shows the more information and understanding spouses and partners of veterans have regarding PTSD symptom presentation, the less likely they are to attribute their spouse's withdrawal of avoidance to their own worth within the relationship (Renshaw & Caska, 2012). In light this information, partners, spouses, and loved ones of veterans should be considered a vital part of the treatment process. Furthermore, the challenges

the loved ones of veteran's experience should be approached as unique processes with separate challenges and obstacles than those the veteran is facing.

Gaining accurate information about PTSD, combat experience, and military culture appears to be only part of the challenge for loved ones of veterans. Experiential understanding of expectations within the healing process, including what factors are within their control, would likely provide structure and support for those close to the veteran. Furthermore, gaining an understanding of what personal factors impact and mediate the transition process may reduce blame and increase effective re-engagement. Attachment-based interventions seek to reduce relationship distress and increase safety through identifying individual attachment and relational patterns as well as emotional needs (Seedall & Wampler, 2013). Therefore, these interventions may be significantly impactful in increasing the ability of veterans and their loved ones to tolerate the distress from transitioning home. Furthermore, strong relationships and emotional-social connections will allow the veteran and their loved ones to share the burden of recovery and transitioning home.

Method

Overview and Purpose of Proposed Resource

This chapter delineates the methods that were used to develop a manual (see Appendix B) for the loved ones of veterans who are navigating the return of their combat veteran. This manual will provide a comprehensive and accessible resource manual that will directly benefit family members and loved ones of returned veterans in reconnecting with their veterans. The main goal is to provide a foundation of knowledge and skills the reader can utilize to empathize and engage with their loved ones in the face of inevitable impact of deployment. The lack of understanding, compounded by the veterans difficulty communicating their experiences loved ones often results in misperceptions about the state of the relationship or the veterans own emotional experiences (Dekel & Monson, 2010; Galovski & Lyons, 2004; Renshaw & Caska, 2012). As such, one of the vital goals of this manual is to provide information that helps readers foster understanding of their loved ones' experiences to respond more effectively and with more compassion. Although traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD) are a commonly diagnosed amongst returning veterans, statistics show that many veterans are able to adjust successfully after returning from war (Tanielian et al., 2008). Therefore, this manual primarily focuses on the wide range of challenges that could impact the families and loved ones of veterans, while including limited information regarding PTSD and possible medical concerns, such as TBI.

Research has demonstrated the importance of social support during transition from combat to civilian life. However, interpersonal relationships do not always provide healthy coping resources and may, in fact, be sources of additional distress (Clark & Owens, 2012). For veterans, interpersonal relationships may be a vital component as they attempt to navigate the overwhelming challenges of reintegrating back into a civilian life. The manual integrates

principles from attachment theory throughout the resource to guide the reader in understanding how their own attachment style as well as their veterans' attachment style may impact the relationship dynamics.

Target audience. The target audience for this manual is broad, as it is meant for anyone close to a veteran whose relationships have been impacted by the experience of deployment. The goal is to bring understanding of the challenges of military life and war to people who are dedicated to gaining a deeper understanding of their veteran's experiences in order to repair the relationship. A review of the resources that are available currently suggested that there are limited resources that incorporate extended family members or friends. Therefore, this resource incorporates close and extended family relationships, as well as friendships, and aims to develop a more extensive support network for both the veteran and their loved one.

Resource Development

Review of relevant literature. The development of this resource required the collection and integration of resources spanning various topic areas. In order to facilitate a comprehensive and effective review of relevant literature, information was collected within the following areas: military culture; combat experiences; stages and challenges of deployment; PTSD; trauma responses; challenges in reintegration from military/combat culture to civilian culture; attachment styles; attachment-based interventions; resilience factors; social support and recovery from PTSD/trauma; communication skills; and relationship-specific challenges including parenting, and sexual intimacy. Pertinent literature was identified through the following online databases: EBSCOhost databases, Google Scholar, PsycARTICLES, PsycINFO, and PubMed. Variations of the following keywords and phrases were utilized to obtain relevant peer-reviewed articles: *veterans, OEF/OIF veterans, military/war/combat culture, veterans AND reintegration*

from combat, veterans AND transition home, PTSD, trauma responses, impact of combat, attachment theory AND interventions. Throughout the development of this resource, periodical searches of the databases using the aforementioned keywords, as well as additional words deemed relevant, were conducted to ensure that the information is updated and comprehensive.

Inclusion criteria. The types of literature that were reviewed will include relevant and recent peer-reviewed, scholarly articles, books, workbooks, and online resources from pertinent organizations that seek to support families of veterans. Focus was on empirical documents as well as qualitative and theoretical works to gain integrative information for the development of this resource. Additionally, a review of materials related to personal experiences of family members of veterans, as well as veterans' experiences of transitioning back to civilian life, was conducted to gain insight and understanding into these experiences. In order to provide information that is relevant to future and current service members, literature was primarily focused on OEF/OIF war experiences. However, the manual also drew upon literature and experiences from previous wars to fully grasp the longitudinal impact of trauma and war on the family and close relationships of veterans. The resources were individually analyzed within each category described above and integrated into three main sections, *Understand*, *Reconnect*, and *Rebuild*. Information provided in each section builds upon information from previous sections and is geared toward helping the reader rebuild long-term, healthy relationships with their veteran.

Consideration of existing resources. A comprehensive search of currently available literature and resources was conducted related to the reintegration process for returning veterans and their families. Many of these resources were found to be focused on the veterans' personal experience or both veterans and family members, while fewer focused solely on the experiences

and challenges for the loved ones of the veteran. Furthermore, there were no resources that included principles of attachment theory, either to inform or provide relationship-building skills. The available resources will be used to gain a deeper understanding of the military and combat experiences as many are written from personal experience. Additionally, these manuals will be utilized to ensure that techniques and interventions provided in this manual have been found to be effective and useful for the intended audience. This manual seeks to build upon existing resources while offering a new perspective founded in the principles of attachment theory and interpersonal neurobiology.

Results

Structure, format, and content. The manual is directed towards the loved ones and family members of returning combat veterans. The tone and style of this book is meant to be straightforward and comprehensive to facilitate a compassionate understanding for the experiences of their veteran. Additionally, this resource aims to increase the readers' empathy for themselves and the challenges they will face as their veteran reintegrates into their lives. In order to reach the goals of this manual, it has been formatted into three sections titled: *Understand, Reconnect,* and *Rebuild*. These three sections and introduction to the manual are outlined below. Throughout the chapters, information boxes are included in order to present relevant and supportive technical information that supplement their knowledge throughout the manual.

Introduction. The manual begins with an introduction, which provides the reader with an overview of the goals of the manual and an introduction to the basics of attachment theory. This section provides an impression of the major themes that are included in the book, as well as the audience it is intended to benefit. Additionally, research regarding social support and attachment in the process of healing and recovering from trauma are briefly introduced to underpin the importance of those characteristics throughout the book.

Understand. The first major section of this resource focuses on fostering understanding in the reader about the impact of military and combat culture. In addition to understanding what their veterans experienced, it is important to provide perspective of what they themselves may have experienced throughout various stages of deployment, including the return home. Chapter 1 is dedicated to the challenges of deployment from the perspective of both the veteran and their loved ones. Chapter 2 focuses on military and combat culture to develop understanding of the significant lifestyle changes that veterans will likely experience and that may provide a

foundational understanding for changes in personality upon their return. Finally, chapter 3 serves as an integrative look at the transition process upon return from combat in order to demonstrate potential obstacles to successful transition, as well as further explanation for these obstacles. This portion of the resource looks at the challenges of returning from both sides of the process and the potential influence of unrealistic expectations. Throughout this section, attachment principles were integrated to help the reader understand how their own attachment style may impact the transition process.

Reconnect. The second major section of this manual focuses on the reconnection process between veterans and their loved ones. It was determined that the process of reconnection needed to be separated into a distinct section in order to highlight the challenges of this process and the need for patience and understanding from initial stages of the transition. This section builds upon the previous section, where readers are provided information that helps them approach their veteran from a place of understanding. Within chapter 4, the readers are given techniques to help them communicate effectively with their veteran in order to express their emotional needs, resolve conflicts, set boundaries, encourage healthy communication, and disclose difficult issues. Chapter 5 focuses on factors that contribute to healthy reconnection after deployment, including expectations, quality time together, and appropriate responses to attachment ruptures and challenges. Finally, this section incorporates the challenges of learning about their loved ones' deployment experiences, which may include emotionally-trying or traumatic material.

Rebuild. The third section emphasizes the long-term process of rebuilding relationships, relying heavily on material from the previous two sections. The communication skills referred to in previous sections are built upon as more severe issues of anger, substance abuse, and PTSD are addressed. As many returning veterans report they are permanently changed by their

experiences, as are those left behind, chapter 6 discusses the process of accepting change and acknowledging loss of the previous relationship. Chapter 7 focuses on the ways that loved ones can support their veteran's transition, including encouraging socialization with other veterans. Chapter 8 carries the vital message of self-care and provides information about the dangers of enmeshment and caregiver burnout, as well as techniques to encourage emotional stability and nurturance. Chapter 9 focuses on specific techniques and strategies for coping with symptoms of PTSD, such as nightmares and flashbacks, and provide support for the disruption that this may bring to the home and relationships in general. Chapter 10 focuses on issues within specific types of relationships, including romantic relationships and parenting, and normalizes and supports the challenges within these areas. Finally, this section concludes with a chapter on utilizing available resources and understanding when it may be necessary to seek outside assistance for self or veteran. The goal of this final chapter is to both help them begin to navigate this process, as well as find more individualized resources that go beyond the scope of this manual.

Discussion

Overview

Our understanding and knowledge of how combat affects our veterans is growing. Regardless of outcome, combat experiences leave a profound and lasting impact on the souls of those who have served. We also know that many of our veterans are able to adapt and transition successfully following their return from combat (Tanielian & Jaycox, 2008). A strong social support system has been found to be beneficial factor in the transition process. Veterans with social support adapt better and show fewer symptoms of mental illness. In order to adequately support their veterans, loved ones need to understand the experience of combat better. Without this understanding, actions and behaviors are often personalized and misunderstood (Renshaw & Caska, 2012). This can cause rifts in the relationship, reducing social support and increasing stress for both parties.

People's social histories, or attachment styles, leave footprints on future relationships, oftentimes without their ability to recognize it. As a result, this manual seeks to bridge a gap between loved ones and their veterans. One of the ways it bridges this gap is by introducing readers to attachment theory and how they can apply an understanding of their own attachment to the transition process. It also provides information that increases their knowledge of combat and military experiences, allowing them to empathize more deeply with their loved ones upon return. It also provides skills and ways to both reconnect initially, and rebuild a long-term relationship. The overreaching goal of this manual is to increase and improve insight of the reader into themselves, as well as their combat veteran.

Strengths of the Manual

This manual presents information to a broad range of individual experiences with unique backgrounds. It will serve as an introduction and resource guide for the loved ones of veterans coping with difficulties associated with the transition from deployment. The breadth of topics included allows people of many backgrounds to gain understanding of common situations and identify circumstances similar to their own. Furthermore, there is limited material geared towards close friends or extended family members of combat veterans. The information in this manual applies to all individuals affected by their loved one's deployment, creating a flexible resource for all types of relationships.

A key factor and strength of this manual is the integration of attachment theory principles. By integrating the introduction and application of attachment theory with information about combat and transition experiences, the reader is able to understand their own perspective within the relationship better. Our ability to function within interpersonal relationships allows us to regulate emotion better, utilize support systems, and lead balanced lives (Cozolino, 2014; Hart, 2011). The readers gains an introduction to understand how their relationship style formed and how they can shape their current relationships by changing their perspective and reactions. They are encouraged to consider how their own interpersonal processes may both bolster and limit the reconnection process. By gaining more control over their reactions, they then increase their sense of control within important relationships.

The manual is written in a language that is approachable and allows readers to understand the complexities of both combat stress and attachment theory. The beginning of the manual focuses on providing more factual information, which is then built upon and applied through various topics, scenarios, and stories. By referring to, and building upon, information provided,

the readers will also be able to learn information through repetition. Examples of skills (e.g. communication skills) are provided in applicable sections to demonstrate the reader use in situations the reader may experience. Furthermore, the addition of exercises throughout chapters challenge the reader to utilize skills and knowledge provided to them throughout the manual. The exercises provided are both developed specifically for this manual and adapted from well-researched and reputable sources.

Stories of three veterans are included to help readers apply information they learn throughout the manual. These stories aid in the learning and understanding of complex concepts and normalize some of their own experiences as well. This may help to reduce shame associated with family and relationship difficulties and improve the likelihood that they will confront and address the topic.

At the end of the manual, a list of resources is provided to guide the reader towards more information related to their unique difficulties. Resources are provided in all formats, including smartphone applications, books, websites, and other programs. All topics from the book are covered so that they can choose those most related to their specific challenges.

Limitations of the Manual

The manual is written for a broad target audience. As such, a limitation of the manual is it does not provide detailed information for specific relationships or situations. For those who may struggle with more severe mental health concerns or very specific relationship dynamics, this manual may feel as though it does not address their concerns.

As a formal evaluation of the usefulness and applicability was beyond the scope of the project timeline, there has been no direct feedback from the population it is intended for. This is

a limitation of the current manual. An assessment for such factors will need to be completed prior to future plans for dissemination.

Another limitation of this manual is the lack of genuine stories from OEF/OIF veterans. These were excluded due to time and resource limitations. Genuine experiences and stories of difficulties during combat and from the transition period would enrich the experience of this manual for the readers.

Because of the desire to provide a succinct manual that is approachable by many different individuals experiencing the transition from combat, there were several topics that may not be thoroughly addressed. For example, the discussion of parenting is limited and simply includes an overview of some of the reactions and challenges parents and children may experience.

Future Directions for the Manual

As knowledge of the impact of combat on our service members is growing there are several areas of information that are also developing. For example, recent legislation has recently removed the ban on women serving in direct combat positions. Future revisions on this manual should include more in-depth information about the experience of women serving in combat positions in the military. Further expansions to the manual could include discussions about challenges within other specific relationships, including same-sex relationships, and male, civilian spouses. By expanding on these topics, the manual can expand to include more unique populations and relationships, further expanding the application of the general material also provided in the manual.

Plan for an Evaluation of the Current Manual

In order to determine the usefulness and applicability for the intended population, the manual will need to be evaluated by the loved ones of veterans directly. The manual would be

distributed to family members and close friends of varying races, genders, and socio-economic status in order to assess the utility. Additionally, a review of the manual from experts and clinicians who work with veterans regularly would be beneficial to determine additional topics or expansion of topics to be included. There would be two separate feedback forms provided depending on the population. Family members and friends of combat veterans would be asked to provide specific feedback on the accessibility and utility of the information provided. They will also be asked to provide information regarding sections or topics they thought would be beneficial to include in the manual. Clinicians with expertise in the field would be asked to provide feedback about the likely efficacy of the information and theoretical background provided. Similarly, they would be asked to address any topics or information they thought would be beneficial. Informed consent procedures would be implemented whenever human subjects are involved, as well as institutional board review approval.

Plan for Dissemination

Following appropriate modification to the manual, based on feedback from experts as well as loved ones, contact will be made with centers and facilities with veteran populations. The manual would serve as strong supplemental materials for any facility treating veterans, as it would provide an easily distributable and broadly-applicable resource for veterans' social support system. Additionally, publishing companies would be contacted in order to present this manual as a publishable document for public consumption. Both digital and paper dissemination would be ideal in order to increase and improve the accessibility of the manual and the information within.

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APPENDIX A

Extended Review of the Literature

Extended Review of the Literature[1]

Introduction

Embedded in affect regulation, distress tolerance, bonding and the formation of expectations for interpersonal interactions is the attachment system. Attachment develops in childhood through the relational dynamics experienced with a primary caregiver. This delicate and instrumental relationship guides plasticity in the brain, such that a series of early interactions with a caregiver may be neurally imprinted. Early attachment experiences shape the architecture of the developing brain, leading to relatively persistent and stable modes of functioning. The attachment system is formed through the consolidation of perceived child-caregiver interactions, becoming intimately tied to the modulation and experience of safety and fear, and the capacity for insight and empathy.

Given the nature of its involvement with such capacities, it plays a pivotal role in modulating the stress response. The interaction between genetics, attachment models and the environment leads to a unique phenotypic expression of resiliency in face of stress and trauma. One demographic where attachment has potentially been severely compromised are combat veterans. The veteran population has attracted increasing attention with the overall number of veterans climbing due to recent wars and overseas conflict. Currently, the veteran population in the United States is estimated at 21.8 million, consisting of 20.2 million men and 1.6 million women (U.S. Census Bureau, n.d.). While the consequences of war on individuals are well documented, less is known regarding the impact of Post-Traumatic Stress Disorder on social cognition and connectivity. Synthesizing extant literature on attachment, social neuroscience and

[1] Contributions by: Aldrich Chan, Deniz Ahmadinia, and Andrew Walker

trauma, we examine the effects of PTSD on the modulation of affect regulation, fear and social connection.

Introduction to Attachment Theory

The theory of attachment was proposed by John Bowlby in the 1960s and has since been popularized and expanded by many psychologists following in his footsteps. At its simplest definition, the concept of attachment can be defined as the long-standing effect of the relationship between primary caregiver and child, which impacts the ability of the child to see their world as safe or secure later in life, specifically in regard to their interpersonal relationships (Holmes, 1993). This relationship begins to form in the mother's womb and can be seen immediately after a child is born, demonstrated through a series of behaviors that can only be explained as instinctual to both child and mother (Hart, 2011). Research in recent decades has started to highlight some of the neuropsychological and neurobiological mechanisms that facilitate these long-standing patterns of behavior created by emotional interactions.

"Humans are profoundly and lastingly influenced by experience" (Siegel, 2012, p. 86). Throughout life, social relationships shape the brain, which in turn shapes relationships. The brain has been found to be profoundly social in nature, which implicates early attachment experiences as highly influential in brain development and relationships. Due to this experience-dependent plasticity, these early interactions, in combination with our genetic inheritance structure, restructure our neural networks. Research shows that 70% of brain development occurs after birth, which makes up much of the brain's regulatory capacity and provides further support for the link between brain development and social relationships (Cozolino, 2014; Siegel, 2012). The early connection between caregiver and child is a powerful element in brain development and adaptation (Cozolino, 2014). Nevertheless, the plasticity of the brain suggests that both

negative and positive experiences can alter brain structure in ways that are long-lasting; however, it also implies that it is always possible to rewire the architecture of our brain towards more adaptive patterns if necessary (Siegel, 2012).

Maternal Priming for Infant Bonding and Attachment

Evolutionarily, infants and mothers gravitate towards each other for survival. In looking at the nomadic nature of primates, with whom we share our ancestry, the absence of a fixed safe place highlights the functional importance of retreating to a fixed safe person to increase chances of survival (Hesse & Main, 2009). This means of survival translates into biological changes in the mother and behaviors exhibited by the infant, which in turn stimulate maternal behavior, joining mother and child. Towards the latter end of pregnancy, mothers experience maternal preoccupation, where they become attuned to visceral and emotional stimuli in preparation for attuning to their newborn child's needs. This state of preoccupation is associated with a shift to right hemisphere bias in the mother's brain (Cozolino, 2014). This shift is important, as the right hemisphere is responsible for emotion, bodily experience, and autonomic processes (Cozolino, 2014). This maternal attunement continues after childbirth, as new mothers display a heightened sensitivity to interpersonal cues from their babies, designed to increase connectivity between mother and child (Cozolino, 2014). This heightened attunement promotes increased proximity between mother and child, which translates into an increased sense of safety for the child. The process of bonding and attaching are initially modulated by the reward circuitry of dopamine and neuropeptides, such as oxytocin, and vasopressin prior to being regulated by social interactions (Cozolino, 2014). Specifically, attachment between mother and child is modulated by oxytocin, which inhibits aggressive and irritable behavior while stimulating maternal behavior, thus promoting trust. Oxytocin has been found to be produced and released in the amygdala, a brain

structure responsible for activating the fight-or-flight response, and plays a role in regulating stress, fear and anxiety (Jankowski et al., 1998; Marazziti et al., 2006; Neumann, 2007).

Infant Behaviors that Promote Proximity and Bonding

Similarly, infants display particular behaviors that serve to attain proximity and trigger maternal behavior, which in turn promote survival and brain growth (Cozolino, 2014). Thus, the attachment system is the child's "primary solution to experiences of fear" (Hesse & Main, 2009, p. 494). One example of attachment behavior is prolonged eye gaze, which is present from 6 weeks of age and promotes nurturing behaviors from the mother (Cozolino, 2014; Hart, 2011). Other behaviors that promote bonding and proximity between mother and child include, physical contact, rooting reflex, hand grasp, reaching out of the arms, orienting their head towards the sound of mother's voice, social smile and seeking out round shapes, such as the mother's face (Cozolino, 2014; Hart, 2011). The child's preference for the mother's face, which is a brainstem reflex, serves as means of ensuring an imprinting process and maximizes chances of survival. Biologically operating within these behaviors are opioids and the dopamine reward system, which contribute to feelings of pleasure, safety and happiness, in both the child and mother when proximity is achieved. Thus, when the child is separated from the mother, dopamine levels decrease, leading to a state of distress where the child may become anxious or exhibit behavior to increase proximity and safety. The right hemisphere network is essential to the development of attachment, affect regulation and social relationships. These networks are built through attunement of the caregiver's right hemisphere with the child's and is achieved through the aforementioned eye gaze, facial expressions, and vocalizations (Cozolino, 2014). Thus, the new mother's sensitivity coupled with the child's attachment behavior system serves to link up the mother and child to ensure attachment and ultimately, survival.

Caregiver Sensitivity and Infant Communication

The ability for a parent to attune to the child is highly dependent on parental sensitivity, in which the parent is able to perceive the child's communicative signals, interpret their meaning and respond in a manner that meets the child's internal needs. The caregiver's sensitivity to these signals is the core of secure attachment and vital to the development of the nervous system (Hart, 2011). It is through such compassionate and resonant communication that mother and child are linked (Siegel, 2012). Moreover, these early "primal resonant interactions" (Cozolino, 2012 p. 70) contribute to the child's social and emotional learning, which constitute the building blocks of attachment, affection regulation, internal working models and sense of self.

> The infant's first exposure to the human world consists simply of whatever his mother actually does with her face, voice, body, hands. The ongoing flow of her acts provides for the infant his emerging experience with the stuff of human communication and relatedness. The choreography of maternal behaviors is the raw material from the outside world with which the infant begins to construct his knowledge and experience of all things human. (Stern, 1977, p. 23)

Through the process of imitation, whereby the child is affected by the caregiver's gestures, mimicry or movement he or she responds in a corresponding manner. Imitation requires the caregiver to be attuned with the child's expression, which teaches the child the types of responses their expressions elicit. Without this imitation process, the child will be unable to perceive a link between their behavior and the caregiver's response (Hart, 2011). The fundamental ability to imitate is the biological foundation for the later development of understanding others, empathy and the ability to mentalize (Hart, 2011). Additionally, caregiver and child engage in nonverbal dialogue and interactions, known as protoconversations, which are

initiated by eye contact, vocalization, and gestures. Protoconversations reflect the child's internal emotional experience through external expressions, such as those described above (Hart, 2011). Nevertheless, mutual engagement in both imitation and protoconversations can only occur "when neither the infant nor the caregiver is distracted, nervous or under pressure" (Hart, 2011, p. 23). Such conditions illuminate potential difficulties of caregivers with unresolved trauma, depression or anxiety, in mutually engaging with the child.

Communication of Safety

The dance of attunement between mother and child also involves interpreting signals, such as eye gaze, facial expression, body posture and direction of attention. Beginning at 8 weeks of age, children can visually perceive the caregiver's facial expression due to the development of the occipital cortex. Such perceptions are linked to the developing limbic system, which involves our motivational states and memory formation and is directly connected to our need for attachment relationships (Siegel, 2012). This system becomes more active around 2-6 months old, enabling the child to experience fear and anger and regulate emotions via eye gaze (Hart, 2011). Furthermore, towards the end of the second month of age, the child's social and emotional capacities develop, allowing them to engage in face-to-face interactions with the caregiver through prolonged eye gaze (Schore, 2002).

The visual information that infants glean from signals, such as eye gaze, communicates intimacy, safety or danger (Freire, Eskritt, & Lee, 2004; Kleinke, 1986). The direct connection of attachment with a child's ability to feel safe and protected also means that it is inherently tied to fear (Hesse & Main, 2009). Appraising the safety or danger of one's environment involves the rapid assessment abilities of the amygdala (Adolphs, Tranel, Damasio, & Damasio, 1994, 1995; Hamann et al., 1996) . When the amygdala registers a face as fearful, the sympathetic nervous

system becomes aroused and alert to danger, and the brain releases hormones that prepare us for survival. Additionally, this arousal simultaneously limits brain growth and therefore our socioemotional development due to the release of glucocorticoids into the system (Marsh, Kozak, & Ambady, 2007). Glucocorticoids are released during times of stress and can contribute to significant dendritic degeneration and cell death in the areas of the brain, such as the hippocampus, if present for long periods of time (Cozolino, 2014). Thus, if a child is raised in an environment where their caregiver represents both survival as well as a threat, their attachment system, and therefore capacity for empathy, mentalization, and secure relationships in the future, is negatively impacted on both an emotional and physical level.

Eye gaze is related to both self-regulation and sense of self. For example, averted eye gaze by the caregiver can signify rejection or exclusion and can activate feelings of low self-esteem, decreased relational value, and the impulse to act aggressively against those who are looking away as an last resort to regain proximity (Wirth, Sacco, Hugenberg, & Williams, 2010). Conversely, large pupil size signals positive feelings and expresses the caregiver's interest in the child (Cozolino, 2014). As children become more mobile and independent, they utilize caregivers' facial expressions as a barometer of safety and danger while exploring their environment. In these situations, the caregiver's expression directly regulates the child's behavior. When maternal expressions discourage explorative behavior, the child's curiosity is inhibited and they may perceive the world as unsafe causing them to immediately increase their proximity to their caregiver (Hart, 2011). Caregivers suffering from anxiety or unresolved loss or trauma may express more messages to their child that their world is unsafe than those without a history of trauma or anxiety. Not only does the interpretation of such signals impact a child's sense of safety in the world, but it also influences their sense of self. Children come to know

themselves through the response of others, beginning with the caregiver, thus their self-image is based on how the caregiver perceives the child (Hart, 2011). For example, a child who receives messages that they are unwanted will likely have the general feeling of being unloved (Sroufe, 1977; Sroufe, Cooper, & DeHart, 1992). Ultimately, the linkage of the occipital cortex and limbic system in evaluating the safety of the world based on maternal expressions has implications for the development of the child's view of the world, self-image, and later relationship functioning.

In addition to nonverbal expression of safety, danger and love in the world, caregivers attune to the child's affective experience through affective mirroring, using vocal and facial expressions to match the child's emotional state. "Through the repeated experiences of attuned dyadic interaction with the mother or primary caregiver, the child becomes increasingly effective at signaling, engaging and responding to the other, even prior to the use of words" (Ogden, Minton, & Pain, 2006, p. 42). Thus, the initial basis of the attachment relationship is founded on the caregiver's ability to consistently attune to the child's bodily states and needs through sensorimotor interactions, reinforcing the reciprocal effect of their interactions with their environment (Ogden et al., 2006). Moreover, affective mirroring and attunement communicate to the child that he/she is seen and felt, contributing to a sense of safety within the attachment relationship by increasing their sense of being understood and effective in their environment (Hart, 2011).

Attunement and the Developing Nervous System

A child's ability to modulate the arousal and stimulation of their nervous system is dependent on the caregiver's ability to perceive or attune to the child's signals (J. D. Bremner, 2001; Stern, 1977). The interactions of play and laughter serve as mechanisms that enable the

developing nervous system to manage higher states of arousal (Hart, 2011). Attunement between mother and child not only helps link them together, but also helps the child then attach their undeveloped nervous system to the caregiver's more mature nervous system in order to organize and develop the child's process of regulation (Drell, 1991; Ende, 1989). This dyadic regulation fosters development of the orbital prefrontal cortex, which is a vital component of self-regulation. In particular, gray matter in the left lateral orbitofrontal gyrus plays a critical role in the regulation of positive and negative emotions (Ogden et al., 2006). This structure's function develops during infancy when new emotional experiences are prominent, thus highlighting the salience of early emotional experiences and interactions (Schore, 1994, 1997)

Emotional Attunement and Unresolved Trauma

Although the development of affect regulation requires attuned and consistent interactions, a sense of security is not attained through perfect attunement, but rather it relies on the intention for connection and repair when a miscommunication inevitably occurs (Siegel, 2012). Through attunement with their caregiver, the child attempts to alter their internal state and arousal level to match that of the caregiver (Hart, 2006). Infants rely on the regulation of their caregiver to maintain their arousal at optimal or level or re-regulate if they become hyperaroused (Ogden et al., 2006). Emotional attunement promotes the communication and transfer of the caregiver's right hemisphere, as the caregiver brings their own history into the interaction and the child's development takes place within that relationship (Hart, 2011). However, this process can become detrimental to the child's development when the caregiver is hyperaroused, as often occurs in parents with unresolved trauma. If the child relies on the caregiver's emotional regulation to regulate their own internal states, it is plausible that parents with unresolved trauma or grief will unconsciously communicate their dysregulated emotional world to their children.

Such unconscious communication shapes the developing brain, thereby influencing personality development, behavior and belief systems (Cozolino, 2014). The ability of the caregiver to affectively attune to the child's internal experience is essential for the development of a child's ability to understand others and develop empathy (Hart, 2011).

Ruptures in attunement can create emotional instability in the child and leave them feeling disconnected and longing to reconnect with the caregiver (Siegel, 2012). Ed Tronick demonstrated this notion in the Still-Face Experiment involving a four-month-old infant interacting with his caregiver (Siegel, 2012). Specifically, when the caregiver stopped responding in an attuned manner by exhibiting a still face, the child became agitated and attempted to re-establish connection using a variety of strategies. When these attempts failed, the child turned to self-stimulating behavior in an effort to self-regulate. Thus, the child's state of being is highly dependent on responsive signals from the caregiver to maintain emotional regulation (Siegel, 2012). Additionally, if the caregiver doesn't attune to certain emotions, she/he can keep the child from developing an integrated and organized nervous system, resulting in self-regulation difficulties (Hart, 2011). "When the caregiver fails to attune with the infant and instead corrects the child through exaggerated misattunements, the child is left with a feeling of being wrong and unloved" (Hart, 2011, p. 30). Thus, misattunement between caregiver and child can also result in a child feeling emotionally isolated and having difficulties regulating emotions later in life (Tronick et al., 1998). However, if reparations of misattunements occur, such experiences help the child in handling future stressful situations, as the child develops the expectation of being relieved of their distress by the caregiver, aiding in the sense of being able to cope with negative emotions.

"At the core of attachment for human infants is the regulation of emotional experience, including the experience of fear" (E. A. Carlson, 1998, p. 1107). Children develop their ability to regulate arousal and affect within the context of the attachment relationship. The combination of the caregiver's nervous system with a caring and attuned environment provides a foundation on which self-regulation can develop (Damasio, 1998; Schore, 2003; Stern, 2004). Thus, affective attunement is directly linked to affect regulation.

Neural Impact of Attachment

Over 200 million years, humans have evolved to have a built in need for attachment through genetically determined neural networks that motivate attachment behavior in order to develop our brains and survive (Siegel, 2012). As discussed prior, the early experiences between caregiver and child regulate the child's affect and activate the growth of the brain through emotional availability and reciprocal attuned interactions (Ende, 1989). Specifically, attuned communication between the caregiver and child integrates the left and right hemispheres of the brain. The early developing right hemisphere is responsible for nonverbal communication, visuospatial skills, stress-response mediation, autobiographical memory and an integrated map of the whole body. The later developing left hemisphere is involved in linear, logical and linguistic skills. Thus, attunement by the caregiver stimulates production and growth of fibers that integrate the left and right hemispheres of the brain, which directly contributes to the nervous system's ability to balance and regulate (Siegel, 2012). Additional neural networks associated with the attachment system include the basal forebrain network and the default mode network. The role of the basal forebrain is to mediate emotional and visceral responses based on past learning, utilizing the amygdala, anterior insula, anterior cingulate cortex, and orbital medial

prefrontal cortex (Hariri, Bookheimer, & Mazziotta, 2000; O'Doherty, Kringelbach, Rolls, Hornak, & Andrews, 2001; Tremblay & Schultz, 1999).

As both the social brain networks and fear circuitry share the amygdala, relationships and modulation of fear become the same (Panksepp, 2001). The basal forebrain network is also integral to our understanding of affect regulation, as disruption of the anterior cingulate cortex and basal forebrain circuitry results in abnormal regulation of anxiety (Cozolino, 2014). The default mode network, which is activated in the absence of external stimulation, is related to our experience of self and others. Thus, the basal forebrain and default mode network work together to help us be aware of ourselves and imitate the experiences of others within ourselves, serving as the structures for emotional resonance, attunement and empathy.

Neuroception

One of the key features in determining whether or not an environment is safe is the ability to accurately perceive the presence of threats within one's environment. However, this is not always a conscious process. The term neuroception describes the neural circuitry, stemming from subcortical structures, that function outside of conscious awareness to detect threats in the environment (Porges, 2003). These circuits are constantly running in the background and serve to trigger defensive reactions (i.e. fight or flight responses) if a threat is perceived. The neural circuits that control one's perception of danger are influenced by interactions with one's environment throughout childhood and can be significantly impacted by traumatic events (Porges, 2003). If the circuitry surrounding this process is altered, cues regarding threat or safety can be misperceived and therefore limit the ability to find security or balance within their world.

Polyvagal Hierarchy

While the nervous system is often thought of as a mechanism to regulate homeostasis, Stephen Porges' polyvagal hierarchy theory suggests that the nervous system is best described in terms of a hierarchy of response rather than balance. Previous theories attributed arousal purely to the sympathetic nervous system, while Porges' theory postulates that there are three hierarchically organized subsystems of the autonomic nervous system that manage our neurobiological responses to environmental stimulation (Cannon, 1928; Grinker & Spiegel, 1945). Each subsystem correlates with a particular level of arousal. The first subsystem is the ventral parasympathetic branch of the vagus nerve, and is also referred to as the social engagement system. This subsystem correlates with an optimal arousal zone. The second subsystem is the sympathetic system or mobilization system, which is correlated with a hyperaroused zone. The third subsystem is the dorsal parasympathetic branch or immobilization system that corresponds with a hypoaroused zone (Ogden et al., 2006).

Social Engagement System

The primary system of operation is the social engagement system, which is the most evolutionarily recent in the hierarchy. Appropriately named, it enables humans to be flexible in our manner of communication and aids in regulating regions of the body necessary to engage in social interaction. This system is active in safe environments, as it inhibits defensive limbic structures and calms visceral states, making way for social engagement (Porges, 2003).

The social engagement system involves the ventral branch of the myelinated vagus nerve, which begins in the brainstem and contains specialized neurons that compose the reticulating activating system and thus are related to an individual's level of wakefulness. With its origins in the brainstem, the social engagement system regulates eyelid opening, facial muscles for

emotional expression, middle ear muscles to distinguish human voice from background noise, mastication muscles, laryngeal and pharyngeal muscles and head tilting and turning muscles responsible for social gesture and orientation (Porges, 2003). Control of these components enables rapid engagement and disengagement with the environment. The social engagement system has been coined a "braking" mechanism based on its ability to rapidly decrease or increase heart rate, which allows us to slow down and remobilize while inhibiting primitive defensive reactions (Porges, 2005). Thus, in a non-threatening environment, this system regulates the sympathetic nervous system and enables individuals to respond in a flexible adaptive manner, which facilitates engagement with the environment and helps us form positive attachment and social bonds (Porges, 2004, 2005). When this system is able to achieve stable development, it allows children to effectively regulate the sympathetic and dorsal vagal systems to cultivate a wider window of tolerance. In doing so, this provides the child, and later adult, with the ability to both tolerate distress and use it as an opportunity for growth (Ogden et al., 2006).

While the social engagement system dominates the hierarchy in order to maintain arousal at an optimal level, the system is superseded in traumatic circumstances that require more adaptive sympathetic responses. Therefore, when the social engagement system is deemed to be ineffective, it automatically gives way to the mobilizing fight or flight response of the parasympathetic nervous system (Ogden et al., 2006).

Sympathetic System

The second tier of the hierarchy involves a mobilization response governed by the sympathetic nervous system. This system is evolutionarily more primitive and less flexible than the social engagement system and increases our level of arousal in order to mobilize survival

behavior, such as a fight or flight response. As the brain detects and interprets danger, a chain of neurobiological events is set into motion that increases arousal. Initially, the amygdala becomes activated and the hypothalamus engages the sympathetic nervous system, which causes the release of a cascade of neurochemicals that increase arousal (McEwan, 1995; B. A. Van der Kolk, McFarlane, & Van der Hart, 1996; Yehuda, 1997, 1998). The increased level of arousal resulting from the activation of the mobilization system maximizes one's chances of survival (Levine & Frederick, 1997; Rothschild, 2000). This subsystem enables physical action, such as running and fighting, which consume energy. When these responses are successful and the perceived level of threat decreases, the cascade of danger-related neurochemicals is metabolized through these energy-consuming actions, which returns arousal to an optimal level. Moreover, even when physical action does not occur, one's level of hyperarousal may gradually recede to an optimal zone when the threat has disappeared.

Dorsal Sympathetic Branch

If both the social engagement and mobilization systems are not successful in assuring safety, the dorsal vagal complex, also known as the immobilization system becomes the final line of defense. This system becomes activated by a lack of oxygen in the bodily tissue and serves to lower arousal into the hypoarousal zone. The most primitive of the hierarchy, the dorsal vagal complex is unmyelinated and originates in the brainstem. This system triggers survival-related immobilization reactions, such as feigning death, behavioral shutdown and fainting (Ogden et al., 2006). Thus, an increase in dorsal vagal tone is associated with conservation of energy, such as "a relative decrease in heart rate and respiration, and accompanied by a sense of 'numbness,' 'shutting down of the mind' and 'separation from the sense of self'" (Siegel, 1999, p. 254). Nevertheless, extreme dorsal vagal arousal can occur when action is not viable and can result in

fainting, vomiting or loss of control of the rectal sphincter (Ogden et al., 2006, p. 31). Even worse, when sustained over a prolonged period of time, immobilization can be fatal for mammals (Seligman, 1975).

Polyvagal Theory and Implications of Trauma on Affect Regulation

Overall, humans tend to respond in a hierarchical manner when faced with environmental threats or challenges. This neural hierarchy is beneficial to human survival, as our response to the environment is hardwired and the hierarchy delineates a second and third system of response to perceived threats. Governing the hierarchy, the social engagement system inhibits these more primitive, alternative response systems, allowing for regulation of overall arousal levels in non-traumatic daily life. Nevertheless, when the social engagement system continuously fails at ensuring safety, such as in chronic childhood trauma, the system habitually shuts down. When this occurs, there is no braking mechanism to check the sympathetic or mobilization system, resulting in a high level of arousal and inappropriate responses to one's environment. "When the social engagement system has repeatedly failed to avert danger in situations of chronic trauma, the long-term availability of this system may tend to decrease, thus diminishing the individual's future capacity for relationships" (Ogden et al., 2006, p. 30). Thus emerges the importance of safety and attachment in regulating the nervous system and providing future opportunities for healthy environmental and social interactions.

Schemata Formation

To develop healthy affect regulation and self-esteem, a child needs to internalize the experiences of soothing touch, being held gently and securely, comforting warmth, balanced sleep, hunger, stimulation, and a sustained positive emotional state (Cozolino, 2014). These repeated patterns of resonant and attuned interactions gradually develop into an internalized

sense of the caregiver. Furthermore, children's internalization of the experience of the caregiver repeatedly moving them from dysregulated to regulated states, fosters a sense of being able to cope with negative emotions, and later translates into the ability to self-soothe (Cozolino, 2014; Hart, 2011). Therefore, as the neural structures responsible for self-regulation mature through attuned and interactive regulation, the child moves from dependence on the caregiver for regulation to an internalized regulation ability (Schore, 2001).

Essentially, the internalized interactions with early caregivers influences an individual's ability to self-regulate and cope with distressing experiences. While these early experiences are a central determinant in shaping child development, they are not consciously accessible. Rather, they are stored in implicit memory systems, as a result of an age congruent hippocampal-cortical development. Thus, the emotional, somatic and visceral memories that spring from repeated early relational experiences form an "internalized mother" around 5-6 months of age and the summation of these experiences forms an attachment schema. The attachment schema, stored in implicit memory, is composed of the affective state or how the child feels while interacting with the caregiver as well as memories of interactions with others (Hart, 2011). By serving as templates for being with others, attachment schemas aid children in adapting to their environment by helping them form expectations, adjust their interactions and control future exchanges (Cozolino, 2014; Hart, 2011).

The internalized sense of the mother shapes the neural infrastructure of implicit memory, thus serving as the emotional backdrop for psychological, biological and behavioral structures, the child's expectations of relationships, the world and the future (Cozolino, 2014). Within implicit memory, interactions with caregivers become associated with feelings of safety and warmth or anxiety and fear (Cozolino, 2014). These associations compose the core of attachment

schema and are responsible for shaping emotional experiences, relationships and self-image (Cozolino, 2014). Attachment schemas become activated in all interpersonal relationships; they determine whether an individual seeks or avoids proximity with others, as well as their ability to utilize interpersonal connection for emotional and physiological balance. Additionally, attachment schemas become visible when under stress due to their influence on affect regulation. Schemas influence current experiences and interactions based on predictive reflex prior to conscious awareness (Nomura et al., 2003). The predictive reflex occurs unconsciously due to the fast-processing nature of the amygdala, which bypasses the frontal lobe and alerts to us potential danger prior to conscious processing. Thus, the amygdala links our present experiences with evaluations from the past and directly influences our emotional reactions and behaviors (Cozolino, 2014). Ultimately, its role is to steer us towards what is life-sustaining and avoid what has been proven to be life-threatening (Cozolino, 2014). The development of positive attachment schemas leads to an enhanced biochemical environment in the brain for regulation, growth and immunological functioning (Cozolino, 2014). However, when secure attachment schemas do not form, the child may lack a sense of security and the development of age-appropriate behavior, such as curiosity and social interaction can be impaired (Hart, 2011). Moreover, negative attachment schemas leads to increased likelihood of emotional and physical illness and decreased hippocampal cell concentration, likely due to neurotoxic levels of sustained cortisol (Quirin, Gillath, & Pruessner, 2010). Schemas also influence the romantic partners we choose, the nature of our relationships, the experience of self, our emotional world, and the way we parent. Research indicates that children who experience deficient early parenting are more likely to associate with an uncaring romantic partner and therein lies potential for cross generational

transmission of poor affection regulation and interpersonal functioning (Barrett, Hickie, & Parker, 1992; Beckwith, Cohen, & Hamilton, 1999).

Impact of Attachment Patterns

While much of the conversation so far has been geared towards understanding the *how's* of attachment, the impact of attachment patterns is important to understand in a more global context as well. Following in John Bowlby's footsteps, Mary Ainsworth and Mary Main identified four patterns of attachment stemming from their research on parent-child interactions. These attachment styles were labeled as avoidant-resistant, ambivalent, disorganized and secure (Hart, 2011). As discussed previously, when a child receives the necessary attunement, empathy, and general security from their primary caregiver, they will develop a secure sense of self and an internal working model that allows them to appropriately regulate their affect and interactions with others (Holmes, 1993). This is considered a secure attachment style and the child is more likely to see the world as safe to explore as they develop into adults. Through secure attachment schemas, children develop strong social engagement systems due to their ability to self-regulate, which in turn allows them to safely explore their interpersonal environment. In adulthood, these children are able to seek proximity to others and use social relationships to tolerate distress and disappointment (Cassidy & Shaver, 1999). Conversely, insecure attachment patterns, where necessary conditions are not met during infancy and childhood, mean that the world is generally viewed as unpredictable and dangerous. Therefore, the child maintains very little control over their emotions or relationships in their life (Bartholomew & Horowitz, 1991).

These attachment patterns, which Bowlby believed to be established by age three, have been found to be moderately stable throughout one's life (Holmes, 1993; Scharfe & Bartholomew, 1994). These patterns are reinforced as new information about the environment is

filtered through previously developed schemata; thus, contributing to the long-lasting and cyclical nature of attachment patterns. In addition to secure attachment, insecure attachment patterns include avoidant-resistant, ambivalent, and disorganized. All three are rooted in the concept that early childhood experiences were defined by their caregiver's lack of ability to adequately attune to the child's needs or provide a stable sense of safety and security (M. Main, 2000).

Research indicates that infants with avoidant attachment styles have been raised in environments where the caregiver demonstrates a dismissive and rejecting parenting style, which teaches them to dismiss their own needs for affection or attention (Hart, 2011; Siegel, 2012). In adulthood, these same individuals tend to minimize their own negative experiences, have poor emotional expression capability and a limited and seemingly selective memory of childhood and past relationships (Sable, 2007). Children with ambivalent attachment patterns are described to have childhood experiences characterized by inconsistent caregiver attunement or intrusive interactions with the caregiver, leaving the child without the ability to appropriately regulate or stabilize their emotional experiences (Hart, 2011; Siegel, 2012). Adults who developed ambivalent attachment patterns during childhood have difficulty expressing a coherent narrative of their past, managing their impulsivity and frustration, and become emotionally preoccupied with their history (Beckwith et al., 1999; Hart, 2011). The final category within insecure attachment patterns is disorganized and often occurs in environments that are threatening, unpredictable, and unable to meet the child's physical needs, leaving them "fearful without resolution" (Siegel, 2012, p. 125). These environments are offered characterized by abuse or chronic neglect. Caregivers in this category fail to regulate the child's affect by either overstimulating or understimulating the child without any repair, resulting in prolonged periods

of intense negative emotional states. Children with this attachment style display disorganized and contradictory behavior, which can be understood as the simultaneous activation of two opposing systems: attachment and defense (G. Liotti, 1999; Lyons-Ruth & Jacobvitz, 1999; Mary Main & Morgan, 1996; Ogawa, Sroufe, Weinfield, Calson, & Egeland, 1997; Van der Hart, Nijenhuis, Steele, & Brown, 2004). Such disorganized behavior has been observed in 80% of maltreated infants and has been demonstrated to be a statistically significant predictor of both dissociative disorders and aggressive behavior (E. A. Carlson, 1998). Coping strategies from this attachment pattern translate into adulthood as poor emotional regulation, inability to react or manage their internal experience during stressful situations, and can include symptoms of dissociation as well (Buchheim, 2003; Shemmings & Shemmings, 2011).

Insecure Attachment and Mentalization

While insecure attachment patterns are variable in both developmental and long-term outcomes, there are similarities in mental and emotional regulatory consequences. One example is the loss or reduction of the ability to self-reflect, specifically regarding emotions. Without a coherent or secure internal working model to organize emotional states of others, insecurely attached individuals have difficulty identifying their own emotional states (Cozolino, 2014; Hart, 2011). Furthermore, without an understanding or awareness of one's own internal state, the ability to manage and self-soothe becomes an almost impossible task. The lack of self-reflective capacity diminishes the individual's ability to understand the presence of a direct link between their own behavior and the relative reactions and behavior of others. Consequently, an individual with insecure attachment experiences difficulty appropriately moderating their behavior, leaving them to react impulsively and in ways that might seem counterintuitive or erratic to those around

them (Hart, 2011; Siegel, 2012). Difficulties understanding one's own behavior as well as the behavior of others is related to the individual's ability to engage in the process of mentalization.

Fonagy (2010) defined mentalization as "[…] a form of preconscious imaginative mental activity, namely, interpreting human behavior in terms of intentional mental states" (p. 4). This skill is facilitated by the mother's ability to perceive the child's internal world, identify with it and "simultaneously realize that the child is separate" (Ogden et al., 2006, p. 42). The capacity for mentalization is further established through the child's internalized representation of their primary caregiver. As previously discussed, this internal representation, or schema, is formed through the caregiver's ability to reliably aid the child in re-regulating their emotions after distressing experiences (Miller & McDonough, 2002). The caregiver's affect regulation ability thereby becomes the child's, which also defines their understanding of their own internal states as well as of others' in their environment. If the child repeatedly experienced inconsistent, dismissive, or fearful interactions with their caregiver, their capacity to understand the intentions of those around them is likely diminished due to incoherent internal representations (Busch, 2008). Conversely, a child in a securely attached relationship with their caregiver feels safe to explore the minds of others, knowing that they will be re-regulated if they become distressed, thereby allowing for the development of mentalization to occur gradually and for the child to develop trust in their imaginative mental activity (Fonagy, 2006). Overall, insecure attachment has been found to impact individuals by reducing their ability to regulate negative emotions, direct attention away from upsetting stimuli, inhibit impulses, plan ahead, focus, and interpret social information accurately (Sable, 2007).

In order to develop the capacity to mentalize, the child needs to learn several foundational cognitive and emotional regulatory skills. One is the ability to self-regulate or self-

soothe, which is developed through early interpersonal relationships with the primary caregiver (Fonagy, Luyten, & Strathearn, 2011). If surrounded by adults who are unpredictable, dysregulated, or fear-inducing, the child may avoid attempting to take on the perspective of their parents or caregivers to avoid distress similar to their experience during previous interactions (Fonagy et al., 2011). These individuals not only struggle to find emotional balance on their own, but also they see others' internal worlds as something to avoid and potentially fear. Additionally, the ability to focus on another's state of mind requires an attentional component that is directly related to prefrontal development in the brain (Fonagy, 2006). However, this component tends to be underdeveloped in children raised in high stress environments. Particularly, the presence of high levels of stress hormones throughout developmental years limits the development of areas such as the pre-frontal lobe, and therefore can impair aspects of cognitive functioning, including attention. Effortful control over one's dominant responses develops during toddler years and relies on a transition of the brain from orienting to executive attention networks (Rothbart, Posner, & Kieras, 2006). Although a relatively new theory, evidence supports that this transition occurs through interactions between parent and child, as the use of toys to distract or soothe a child when they are upset becomes the child's foundation for coping mechanisms during their toddler years (Rothbart, Sheese, Rueda, & Posner, 2011). The social implications of an underdeveloped mentalization capacity are immense and can lead to significant difficulties in managing and understanding one's interpersonal world.

An individual who has not learned to adequately or accurately engage in mentalization processes likely experiences the world as unpredictable and chaotic. Without a reliable template to understand their internal states, they tend to externalize and project their own dysregulated emotional states onto others (Fonagy, 2006). This can lead to a lack of trust that others will be

able to meet their needs or that they themselves will be able to react appropriately to the needs of others. Without a sense of trust in themselves or others they may struggle to maintain healthy romantic relationships and long-lasting friendships. Furthermore, research has shown that parents with strong mentalization abilities stimulate the same growth patterns in their children through symbolic play and the ability to understand and meet their child's needs on a consistent basis. These interactions create neural patterns that aid the child in developing the foundational abilities for mentalization (Allen, 2013). Thus, the adult who does not develop this capacity from early childhood experiences will likely re-create similar patterns in their own children.

Patterns of brain development that stem from a child's attachment interactions serve as the basis for their ability to engage empathically with their interpersonal world as they develop into adults. Empathy includes a broad spectrum of human emotional experiences, such as our ability to seemingly match another's emotions, our concern toward someone else, and the ability to take the perspective of someone else's feelings (Decety, 2011). The development of empathy has been linked to nurturing environments between primary caregiver and child and is based on the concept that a secure environment while growing up allows the child to develop an ability to approach others and therefore begin to relate to their internal experiences (Mikulincer et al., 2001; Panfile & Laible, 2012). The securely attached brain allows the individual to readily explore and experience the perspectives of others, free from fear of becoming dysregulated without being able to recover (Decety, 2011; Mikulincer et al., 2001; Sherman, 1998). The ability to explore another's emotional experience is rewarded, reinforced, and developed as the individual is found to be correct in their interpersonal assumptions and therefore reacts appropriately within social situations. If a child has a supportive and secure internal working model, they will perceive relationships as worthwhile to pursue, and empathic behavior provides

the means that they can attach and connect with others in socially engaging situations (Panfile & Laible, 2012). A person whose developmental environment does not allow for the growth of self-regulatory capacities might have difficulty engaging in empathic attunement with others, which will limit their ability to connect.

Studies have found that in times of personal distress, one's ability to attune to another's experience (i.e. empathy or mentalization ability) is lowered and brain networks related to the fight-or-flight response system are engaged to increase survival (Batson, Early, & Salvarani, 1997; Decety, 2011). This increase in anxiety levels decreases cognitive flexibility, which impairs the individual's capacity to take on another's perspective, understand their emotional distress, and engage in empathetic-helping behavior (Bell, 2009). When a child is raised in an environment that is fear inducing or chronically distressing, the effects of this can be long-lasting. Specifically, a chronic heightened level of anxiety can lead to sustained inability to engage in cognitive flexibility or the perspective-taking processes (Giovanni Liotti, 2006). Research has shown that individuals with insecure attachment styles are less likely to interact empathically with others due a lower ability to regulate their own anxiety and distress (Tummala-Narra, Liang, & Harvey, 2007). The implications are that they are less likely to engage in pro-social behavior or reciprocal emotional interactions and will likely struggle to make sense of interpersonal relationships. Thus, empathy has a profound and deep impact on our ability to engage in meaningful relationships.

Impact of Trauma on Brain Development and Attachment Patterns

Another major facet in attachment research is the impact of trauma on an individual's development and ability to live in our very social world. Individuals who experience traumatic events have a wide range of responses to trauma, however it has been commonly observed that,

there is often a “breakdown of adaptive processes” (Schore, 2002, p. 438). More specifically, “Early disruptions in attachment have enduring detrimental effects, diminishing the capacity to modulate arousal, develop healthy relationships, and cope with stress” (Ogden et al., 2006, p. 41). Traumatic experiences have been defined as those that evoke extreme distress, undermine the individual’s ability to regulate emotional suffering, and reduce openness to interpersonal relationships due to reduced ability to trust others (Allen, 2013). Studies have shown that interpersonal trauma, such as physical or sexual abuse, has been related to anxious styles of attachment at later stages of development (Tummala-Narra et al., 2007). When the perpetrator of trauma is the caregiver, it represents a significant failure in the attachment system and undermines the child's ability to recover from arousal and feel safe. In such situations, the social engagement system may not adequately develop and can leave the child without the ability to regulate their nervous system during times of hyperarousal, leading them to spend significant time in hyper or hypo arousal zones. “When chronic failure of the social engagement system to negotiate safety and protection is experienced, as is often the case in chronic childhood trauma, the system habitually shuts down” (Ogden et al., 2006, p. 31). With frequent shutting down, long-term availability of the social engagement system is decreased, which impedes the child’s ability to engage in their social environment and further reduces their coping skills during times of stress or high arousal. Early trauma also prevents the orbitofrontal systems from maturing and ultimately leads to a decreased ability to regulate one’s affect (Ogden et al., 2006). Unlike the comfort of interactions with caregivers in secure attachment relationships, which increase emotional regulation, children with abusive caregivers experience sustained traumatic states of mind, reducing emotional regulation (Schore, 2002). If these traumatic states of mind take place throughout their first few years of life, they can impact the development of the brain and

significantly reduce the growth potential in areas responsible for emotion management, cognition and social aspects (Cozolino, 2014).

During the first two years of life, the child's brain develops at a rapid rate, integrating new information and forming neural pathways based on what is presented to them in their environment and how their needs are met (Cozolino, 2014; Hart, 2011; Schore, 2002; Siegel, 2012). Traumatic experiences impact the brain in much the opposite way secure parenting styles do, decreasing the brain's ability to regulate distressing experiences, or adapt to the individual's environment. Stress or fear-inducing situations maintain the child in survival mode, which inhibits their ability to engage in adaptive coping skills as well as other important physical functions. In response to stress, the body releases stress hormones, such as cortisol, which serve to break down cell bodies and can ultimately result in dendritic degeneration and cell death in the brain (J. Bremner, 2001; Cozolino, 2014). During critical and sensitive periods of brain growth, the sustained presence of cortisol, and other stress hormones, will prevent the brain from developing important neural connections. Trauma from caregivers during early developmental years is especially detrimental due to the child's budding pre-frontal cortex and can leave the child with limited inhibitory capacity (Cozolino, 2014). Typically, the child looks to their parent to contain their negative experiences, however when the caregiver is the source of fear, they are left without a model of or source of comfort which can influence their perception of the world at large (Hart, 2011; Siegel, 2012).

Additionally, without regulatory capacities to aid in comforting and regulation, children and adults from abusive situations often engage in experiential avoidance, an effort to avoid distressing reminders of traumatic events (Erbes, Polusny, MacDermid, & Compton, 2008). Such avoidance can be observed in abused children, who have been found to avoid looking at the faces

of adults in general. In the past, particular facial expressions may have served as precursors to abusive situations and therefore gazing at faces holds the potential to trigger memories of abuse and becomes a source of anxiety (Cozolino, 2014). While avoiding upsetting stimuli to prevent distress may be adaptive initially, experiential avoidance can become an obstacle to healing and building one's capacity for emotion regulation. Furthermore, avoidance behavior, specifically when related to interpersonal trauma, serves to isolate the individual and thereby reduce sources of support in their lives, which may further exacerbate existing distress (Erbes et al., 2008).

Traumatic Experiences, PTSD, and Psychopathology

Traumatic experiences are highly correlated with psychopathology later in life. There is a significant body of research on the connection between trauma and diagnoses of Posttraumatic Stress Disorder (PTSD). However, some studies have found depression to be more common after a traumatic experience (Fowler, Allen, Oldham, & Frueh, 2013). Depression as a result of traumatic experiences has been theorized to be related to impairments in the neuroregulatory systems, lowered stress tolerance and regulation, and a heightened risk for interpersonal trauma in the future (Cloitre, Stovall-McClough, Zorbas, & Charuvastra, 2008; Fowler et al., 2013). Furthermore, significant differences have been found between the presence of depression in incidents of interpersonal trauma versus impersonal trauma (i.e. natural disasters or car accidents), the latter having almost no impact on depression rates following a traumatic incident (Fowler et al., 2013). Drug addiction rates have also been found to be much higher in those with histories of interpersonal trauma. Without a schema that aids in regulating emotions, the individual might seek outside assistance in the form of substances, to find relief from distressing emotions, intrusive thoughts or anxiety (Padykula & Conklin, 2009). This coping strategy is an

example of experiential avoidance, discussed above, and further harms the individual's ability to self-soothe and could potentially harm brain functioning.

Interpersonal trauma and disorganized attachment patterns in childhood have also been directly linked to a development of personality disorders, specifically borderline personality disorder (Cassidy & Mohr, 2006). Some theories propose that the dissociative qualities evident in some personality disorders, such as borderline personality disorder, are actually coping skills created to defend the individual against mental pain associated with abuse, neglect and traumatic experiences (Becker-Weidman, 2006). Others have posited that dissociative symptoms are not actually defensive mechanisms and are instead "[…]an intersubjective failure of the integrative processes that normally create a unitary sense of self during the first year of life[…]" (Giovanni Liotti, 2006, p. 67). Nevertheless, individuals with personality disorders often display significant difficulty engaging in sustained or healthy interpersonal relationships.

The most common diagnosis associated with childhood or adult trauma is PTSD. Studies demonstrate that early attachment patterns, formed during critical periods in childhood, are directly related to whether or not an individual will be diagnosed with PTSD after a traumatic experience later in life. Specifically, it has been found that individuals with unresolved childhood trauma are 7.5 times more likely to be diagnosed with PTSD after experiencing a traumatic event later in life (Stovall-McClough & Cloitre, 2006). It is possible that this finding is partially due to the fact that the coping skills associated with secure attachment are lacking in disorganized, avoidant, or anxiously attached individuals. For example, one study found that securely attached soldiers were more likely to seek out social support systems after a trauma and were therefore found to be less likely to develop symptoms of PTSD later (Dekel, Solomon, Ginzburg, & Neria, 2004; Tummala-Narra et al., 2007). Additionally, it has been found that anxious attachment

styles demonstrate more fatalistic coping skills, inhibiting their ability to engage in adaptive coping behaviors (Zurbriggen, Gobin, & Kaehler, 2012).

One of the most critical researching findings on attachment style and trauma is the intergenerational transmission of trauma within the parent-child relationship. Parents with disorganized attachment style are more likely to raise children with disorganized attachment styles (Allen, 2013; Nilsson, Holmqvist, & Jonson, 2011). A parent with unresolved trauma typically displays impaired ability for empathy, understanding emotion, and emotional regulation, which leads to significant disruptions in the parent-child communication (Allen, 2013). One of the psychological pathways through which the transmission of these impaired capacities occurs is the child's vicarious identification and internalization of the caregiver's emotion regulation capacities that leads them to take on the psychological burdens of their parents, which when unresolved, seem confusing and lack resolution (Doucet & Rovers, 2010). The parents' regulatory capacities are passed down to the child and therefore put the child at higher risk for PTSD if they experience a traumatic experience later in life (Cassidy & Mohr, 2006). These findings serve to highlight the importance of treating trauma as early as possible due to the potential cost for those involved in the individual's life and the potentially long-lasting negative consequences.

In light of understanding the attachment system as the foundation of safety, fear and emotion regulation, as well as the detrimental impact of early trauma, it is necessary to turn our attention to PTSD. As discussed above, disruption in the attachment schema can increase an individual's chances of being diagnosed with PTSD after experiencing a traumatic event. Additionally, problems in social functioning have been found to be both a cause and symptom of PTSD, creating a unique dynamic for both treatment and diagnosis. As such, while considering

current literature in neuroscience and psychology, social fragmentation, previously thought to be secondary to PTSD, may be better understood as a primary cluster within PTSD symptomalogy.

Post-Traumatic Stress Disorder

In recent years, the impact of PTSD on social-emotional functioning has been attracting increasing interest because of the relational difficulties encountered by returning veterans. High rates of domestic violence, child abuse, and suicide in these returning veterans are forcing us to look beyond the confines of the DSM for more comprehensive ways to diagnose and treat these serious and chronic consequences of war. Currently, the symptoms of PTSD are organized into four clusters: intrusions, avoidance, negative mood/cognitions and hyperarousal. Based on this framework, social dysfunctions have been interpreted as secondary consequence of the broad impact of amygdala dysregulation. These clusters, identified as diagnostic criteria in the DSM, are described in further detail in the sections below.

Criteria B, Cluster 2: Intrusions

The presence of intrusions has been a longstanding trademark symptom cluster of PTSD. Intrusions may appear as distressing dreams, dissociative reactions, psychological distress and physiological reactivity in response to internal or external cues that represent aspects of the traumatic event (Friedman, Resick, Bryant, & Brewin, 2011). Individuals with PTSD may re-experience their traumatic memories regardless of the time, place or context in which the event happened (Cabeza & St. Jacques, 2007). For many researchers, PTSD has been understood as a disorder of memory (Brewin, 2011; B Van der Kolk, 1998). Hellawell and Brewin (2004) hypothesized a dual representation theory of posttraumatic stress disorder. They proposed that patients with PTSD can consciously discriminate between flashbacks and ordinary traumatic memory periods. They discovered that “flashbacks were characterized with a greater use of detail,

particularly perceptual detail, by more mentions of death, more use of present tense and more mention of fear, helplessness and horror" (p. 1).

Flashbacks are typically experienced as if they are occurring in the present and are further described by those who experience them as vivid and detailed (Cabeza & St. Jacques, 2007). Research investigating the occurrences of flashbacks has linked them to brain networks involving the amygdala and hippocampus. Hippocampal connectivity is lateralized to left cortical regions and is related to autobiographical memory. Emotional memory has been associated with bilateral activation, amygdala and insular activity (Cabeza & St. Jacques, 2007; Svoboda, McKinnon, & Levine, 2006). Moreover, qualities of the amygdala system include its tendency to 'generalize' while the hippocampus facilitates a process of 'discrimination' (Cozolino, 2014). Sripada and colleagues (2012) found that veterans with PTSD showed a greater positive connection between the amygdala and insula, and reduced connectivity between the amygdala and hippocampus. As such, the reduced connectivity between the amygdala and hippocampus may demonstrate dissociation between intensely feared memories and the ability for the hippocampus (or autobiographical memory) to contextualize and regulate them. In support, Bremner and colleagues (1997) found that PTSD patients had a left hippocampal volume that was 12% smaller than controls, which was also related to impairments in the functioning of their verbal memory. Bessel van der Kolk (1994), further elaborated that traumatic experiences are not encoded via declarative memory systems (e.g. verbal and factual memory) but rather procedurally (e.g. skills, habits, reflexive actions). Whereas an event that is not life threatening or traumatizing, emotional memory would be contextualized, integrated and regulated by autobiographical memory, a traumatic experience would result in an incoherent and disconnected network. Flashbacks may thus be attributed to a 'bypassing' of corticohippocampal networks

during the consolidation of a traumatic experience, leading to 'undigested' somatosensory and emotional memories. As such, external stimuli remotely suggestive of an individual's trauma may activate subcortical systems, triggering a flashback (Cozolino, 2014).

An examination of cases beginning at the year 1856 encountered that flashbacks, in their current definition, were practically non-existent before the First World War, and sparse during the Second World War. The proportion of veterans experiencing flashbacks sharply increased after the Gulf War. Jones and colleagues (2003) observed that earlier accounts of flashbacks, such as "shell shock," stressed somatic symptoms. They concluded that flashbacks are, at least to some degree, culturally bounded. (Leys, 2000), described a flashback as a cinematic-like reproduction of a past traumatic event. One hypotheses argued by many researchers is that there has been a direct association between flashbacks and films (Ramirez, 1987). Jones and colleagues (2003) believed that the introduction of television sets in the 1950s and 1960s may contribute to the emergence of involuntary images re-experienced in PTSD, as defined today. They argued that the intrusive nature of flashbacks may reflect the television as a source of often unexpected and unsettling imagery in a familiar and secure environment.

Such discussion brings to question: if the nature of PTSD has notably changed with the zeitgeist; how are these symptoms influenced by and how do they subsequently affect interpersonal relationships? Concurrently, if PTSD is a disorder of memory, with flashbacks interrupting the consolidation and retrieval of memory; how have attachment systems, as a form of implicit memory, been altered in such a way that maintains the cyclical perpetuating nature of PTSD.

Criteria C, Cluster 3: Avoidance

Considerable attention has been paid in recent studies to the avoidance and arousal/reactivity symptom clusters of PTSD. Studies of avoidance and hypervigilance to reminders of trauma have hypothesized that these features are rooted in a strategy of attentional bias towards aversive cues that leads to the dysfunction characterizing PTSD. For example, one recent study utilizing an emotional stroop and detection of target task found that PTSD patients were slower than members of the control group in their response to emotionally negative words in comparison to neutral words (El Khoury-Malhame et al., 2011). Following a regimen of Eye Movement Desensitization and Reprocessing (EMDR) therapy, the attentional bias ceased and members of the PTSD group responded to stimuli similarly to those in the control group.

The DSM-V (American Psychiatric Association, 2013, p. 271) describes "persistent avoidance of stimuli associated with the traumatic event(s)" as one of the diagnostic criteria for PTSD. This criterion is broken down into two subsets: first, "avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)" and second, "avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)."

One traditional way of studying avoidance reactions to stimuli reminiscent of a traumatic event has been through electric shock studies of lab rats, whose avoidance conditioning often resembles the symptoms of PTSD patients. In a 2005 study, for example, forty electric shocks to the tails of rats led to an increase in the number of avoidance behaviors 24 hours later as compared to a home cage control group of other rats (Brennan, Beck, Ross, & Servatius, 2005).

Outside of the realm of animal studies, recent conflicts have demonstrated the impact of avoidance responses on the quality of life experienced by people with combat-induced PTSD. In a study of civilian refugees from the 1998-1999 Kosovo war, researchers found that a high reliance on experiential avoidance as a coping strategy for dealing with trauma-induced distress led to a lower quality of life (Kashdan, Morina, & Priebe, 2009). The presence and impact of the avoidance symptom of PTSD in Kosovo refugees a decade after the war was found to have striking similarities with Social Anxiety Disorder. These findings indicated that a withdrawal from social interactions can be an aspect of the impairment caused by an overreliance on experiential avoidance strategies. Conversely, civilian survivors of the conflict's refugee crisis who did not exhibit Social Anxiety Disorder or the avoidance symptom of PTSD reported a higher quality of life at the time of the study than those who did. Given the relational nature of Social Anxiety Disorder and its overlap with the experiential avoidance of PTSD, the results of this study may provide a clue to the relational impairment often seen in individuals with PTSD. Although this study was of civilian refugees, similar impairment is often found in combat veterans with PTSD who suffer from "intimate relationship problems that accompany the disorder and can influence the course of veterans' trauma recovery" (L'abate, 2011, p. 232).

Experiential avoidance combined with neurobiological factors, such as the behavioral inhibition system and behavioral activation system, may further contribute to the development of posttraumatic stress symptoms. In Jeffrey Allen Gray's biopsychological theory of personality, the behavioral inhibition system is hypothesized to control avoidance motivation and the behavioral activation system is hypothesized to control approach motivation. In a study of 851 female college students who had survived a traumatic event, individuals high in behavioral inhibition system sensitivity and experiential avoidance exhibited higher posttraumatic stress

symptoms than those with high behavioral inhibition system sensitivity but low experiential avoidance (Pickett, Bardeen, & Orcutt, 2011). The researchers concluded that avoidance combined with an increase in the behavioral inhibition system sensitivity produces the symptoms of PTSD, strengthening avoidant behavior.

Furthermore, avoidance may lead to a decreased ability to read emotional signals in others, especially ones that impart negative emotional information that may be reminiscent of the traumatic experience. In a recent study of Iraq and Afghanistan war veterans utilizing a faces matching task with electroencephalography recording, veterans with PTSD were less accurate in identifying angry faces. They also demonstrated decreased early processing of emotionally charged faces, regardless of the emotional content, and blunted processing of faces that imparted social signals of threat (MacNamara, Post, Kennedy, Rabinak, & Phan, 2013). Demonstrating a possible bridge between avoidance symptomology and increased arousal, the study also showed decreased accuracy by PTSD veterans in identifying angry faces as the veterans' hyperarousal symptoms increased. Thus, mistaken identification of individuals as threatening could be a part of the social avoidance seen in many individuals with PTSD.

Criteria D, Cluster 4: Negative Cognitions and Mood

The DSM-IV criteria for PTSD initially consisted of three symptom clusters: Re-experiencing, Avoidance, and Hyperarousal. A fourth cluster, negative alterations in cognitions and mood, emerged in the DSM-V. This new cluster, Criterion D, included symptoms C3-7 from the DSM-IV with two new additions: "Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world" and "Pervasive negative emotional state" (American Psychiatric Association, 2013, p. 272). An abundance of evidence exists supporting these two symptoms as a characteristic response due to traumatic stress (Friedman et al., 2011).

Overall, this new cluster represents "Negative alterations in cognition and mood associated with the traumatic event (s) beginning or worsening after the traumatic event(s) occurred," the symptoms of which reflect the persistency of negative emotional states and cognitions alongside a disinterest and detachment from others (American Psychiatric Association, 2013, p. 272).

PTSD has been observed in combat veterans and survivors of sexual and physical abuse. Commonalities in patterns of negative cognition have been observed among these populations. Such cognitions include self-blame, biased or otherwise incorrect views on the causes or consequences of a traumatic event, and the belief that they are vulnerable, insufficient and/or have identified with an unalterable belief that they have changed for the worse. Some of these beliefs may include: "I am a bad person," "nothing good can happen to me," "I can never trust again" (Friedman et al., 2011).

Negative affects experienced by individuals with PTSD are widespread. They may include fear, helplessness and horror, as well as self-states of anger, guilt, and shame (Friedman et al., 2011). A study measuring spontaneous brain activation in veterans diagnosed with PTSD, found increased activation in the right anterior insula, which was suggested to contribute to poor interoception and processing of negative emotions (Yan et al., 2013). Yan and colleagues (2013) also found a positive connectivity between the insula and amygdala. Put together, these may be implicated in how individuals with PTSD may experience elevated levels of negative emotional processing as well as fight/flight bodily responses in an environment that no longer requires such adaptive measures.

In other veterans with PTSD, Sripada and colleagues (2012) found an anti-correlation between the amygdala and dorsal/rostral areas of the Anterior Cingulate Cortex. The dorsal ACC plays roles in reward-based decision-making and learning, whereas the rostral ACC is involved

in affective responses to errors (Bush et al., 2002). Thus, an affected individual may have an impaired ability to think logically when in an arousing situation. Moreover, errors and rewards in the environment may be overlooked due to the irregularities of their emotional responses, causing them to exacerbate or repeat behaviors that previously led them to a negative cognition or emotion.

Causes for persistent negative mood and cognitions

Veterans are frequently haunted by combat related cognitions. Many veterans confronted events that led to the violation of their core beliefs, such as witnessing extreme violence, or failing to prevent an ethical transgression (Steenkamp, Nash, Lebowitz, & Litz, 2013). Additionally, veterans may have failed to perform their duties resulting in the harm of others. Moreover, they may have engaged in deliberate cruelty and torture. Litz et. al (2009) introduced the concept of moral injury to describe the long term impact of such experiences behaviorally, psychologically, socially and spiritually. Among Vietnam Veterans, killing another person has been demonstrated to be the strongest predictor of PTSD symptomology relative to other combat related event (Litz et al., 2009). According to Hoge (2010), 48-65% of returning soldiers from Operation Iraqi Freedom (OIF) reported being responsible for the death of an enemy, and 14-28% responsible for the death of a civilian. Notably, when killing was isolated as a separate variable, all other variables were no longer significant predictors of PTSD symptoms (Fontana & Rosenheck, 1999). It has also been shown to be a significant predictor of future alcohol abuse, anger and relational problems among Iraq War veterans (Maguen, Ren, Bosch, Marmar, & Seal, 2010). Moral injuries may thus lead to a cyclical maladaptive pattern comprised of negative cognitions and emotions resulting in self and interpersonally destructive behaviors.

Criteria E, Cluster 5: Arousal and Reactivity

The DSM-5 (American Psychiatric Association, 2013) included "marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred" as a diagnostic criterion for PTSD (p. 272). This symptom cluster is broken down into six areas, two or more of which are required for an individual to meet its requirements. The six areas are: (a) irritable behavior and angry outbursts; (b) reckless or self-destructive behavior; (c) hypervigilance; (d) exaggerated startle response; (e) problems with concentration; and (f) sleep disturbance.

A considerable amount of recent research has examined these areas. The primary hypothesis regarding the biological roots of hyperarousal is increased amygdala activity in response to cues reminiscent of a previous threat. In another recent face-matching and detection of target study that utilized fMRI scans, researchers found enhanced amygdala activity in PTSD patients compared to the control group, a finding that positively correlated with anxiety inventory scores, PTSD symptomology, and disengagement bias. The study concluded that preliminary support exists to implicate the amygdala in abnormal attention orientation to perceived threat experienced by patients with PTSD (El Khoury-Malhame et al., 2011).

Similarly, in a study requiring participants to complete a dot-probe task with two levels of stimulus-onset asynchrony, Bardeen and Orcutt (2011) found a link between attentional threat bias and the maintenance of posttraumatic stress symptoms. Difficulty disengaging from stimuli perceived as threatening correlated with higher levels of posttraumatic stress symptoms, as demonstrated by the appearance of more symptoms associated with attentional threat bias in during longer stimulus-onset asynchrony.

In addition to the amygdala involvement observed above, the parahippocampal gyrus and the cuneus have also been implicated in PTSD-related hyperarousal. In a 2011 study, participants who had experienced the Sichuan earthquake were compared to a control group in terms of the event-related brain potentials (ERPs) generated during an emotional stroop task. The results indicated that negative words generated a more negative ERP deflection than positive words, a finding that was not found in the control group and likely indicates heightened emotional arousal in response to negative words. The discrepancy between the earthquake survivors and the control group may be attributable to a greater susceptibility to emotional arousal to negative stimuli due to their highly negative experience of an earthquake. Analysis of the ERPs isolated the effect to the parahippocampal gyrus and the cuneus, which the researchers believe may be connected to recall of traumatic experience that occurs outside of conscious awareness (Wei, Qui, Du, & Luo, 2011).

Another recent ERP study hypothesized that hypervigilance and hyperarousal enhance self-perception in detecting one's errors, which the individual instinctively perceives as having the potential to diminish safety. The study examined an electrocortical response, known as the error-related negativity (ERN), which appears in the brain when an error is committed on a task. The ERN was observed in a group of PTSD veterans of Iraq and Afghanistan, combat veterans of those wars without PTSD, and a healthy control group. Members of the groups completed an arrow version of the flanker task, which assesses an individual's ability to inhibit responses that are inappropriate in a specific context. The ERN magnitude was the same between the PTSD and control groups, while the non-PTSD combat group demonstrated a blunted ERN response in comparison to the PTSD and control groups. The researchers concluded that while "combat trauma itself does not affect the ERN response," a weaker ERN in individuals exposed to combat

trauma who have not developed PTSD could reflect “resilience to the disorder, less motivation to do the task, or a decrease in the significance or meaningfulness of 'errors,' which could be related to combat experience” (Rabinak et al., 2013, p. 71).

Disordered sleep as a symptom of hyperarousal in PTSD is an area of research that has received considerable attention. As Harvey, Jones & Schmidt (2003) noted, “the role of sleep in PTSD is complex, but that it is an important area for further elucidating the nature and treatment of PTSD” (p. 377). Spoormaker and Montgomery (2008) noted the high prevalence of nightmares, insomnia, sleep apnea and periodic limb movements in PTSD patients. In addition to the comorbidity of sleep disorders/disturbances for those diagnosed with PTSD, sleep disturbances also appear to be antecedents of the development of PTSD as well as symptoms that can linger after PTSD has otherwise remitted (Spoormaker & Montgomery, 2008).

While sleep disorders resulting from PTSD are often treatment-resistant and cause poor daytime functioning, few polysomnographic studies have shed light on the neurobiological underpinnings of sleep disorders in PTSD patients. However, some researchers hypothesize that a link between the amygdala and medial prefrontal cortex could be at the root of the sleep-wake regulation disturbances that characterize sleep-related hyperarousal activity in PTSD patients. Specifically, Germain, Buysse & Nofzinger (2008) held that persistence of amygdala activation, along with blunting of the medial prefrontal cortex during REM sleep, leads to a decrease in the normally occurring deactivation of the wakefulness-promoting areas of the brainstem and forebrain, such as the posterior hypothalamus, thalamus, and raphe nuclei, that occurs in sleep. Additionally, the activation of the anterior hypothalamus and solitary tract nucleus that normally occurs with the onset of sleep appears to be blunted in sleep-disorder suffering PTSD patients.

Posttraumatic nightmares are one of the most prevalent and distress-inducing types of sleep disturbances in PTSD. Many nightmares accurately replay the trauma in an autobiographical sense, while others are theorized to contain distressing imagery that is symbolic of the traumatic event rather than a replay of it. However, current research regarding posttraumatic nightmares is limited (Phelps, Forbes, & Creamer, 2008).

Controversy

While many researchers have focused closely on the arousal and avoidance symptom clusters of PTSD, others have called the DSM's model of PTSD into question. Maes et al. (1998) called for a spectrum model in which posttraumatic symptoms would be understood by their level of severity rather than broken down into their present categories. Asmundson et al. (2000), on the other hand, used confirmatory factor analysis to determine that a "hierarchical four-factor model (comprising four first-order factors corresponding to re-experiencing, avoidance, numbing, and hyperarousal all subsumed by a higher-order general factor) provided the best overall fit to the data" about PTSD (p.204). Similarly, another confirmatory factor analysis by McWilliams, Cox and Asmundson (2005), found that "the model comprised of four intercorrelated factors (re-experiencing, avoidance, numbing, and hyperarousal) received the strongest support, but did not meet all the goodness-of-fit criteria" (p. 626).

Conclusion

Current research in affect regulation, neuroscience, and PTSD is re-shaping the way that we are thinking about trauma and the individual. The interaction between early attachment system and environment throughout one's life is inherently complex and has been directly linked to resilience in the face of traumatic experiences, such as combat. The increasing focus on returning veteran's difficulties within their social lives, including the family unit, supports the

notion that social impairments may be more central than previously thought to the overall presentation, and therefore recovery process of PTSD. Understanding the interaction between traumatic experiences and attachment style, which shapes affect regulation, distress tolerance, and other factors important to human connectivity, such as empathy and mentalization, may have important implications for the prevention and treatment of PTSD. By understanding this process, we may have the opportunity to better prepare or screen soldiers prior to combat, thereby reducing the overall number of veteran's diagnosed with PTSD. In addition to the potential for preventative measures, a deeper understanding of the social impairments within PTSD symptomalogy may have implications for more effective treatments revolving around social recovery. Treatments focusing on social recovery may be more effective in reducing the rates of domestic violence, child abuse, and suicide, thereby reducing the number of people affected by the experience of war.

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APPENDIX B

Welcome Home: A Manual for the Loved Ones of Returning Combat Veterans

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Introduction

When someone important leaves for combat, there is often a hole left behind in the lives of those who remain behind. As a family member or close friend of a combat service member or veteran, you deal with many challenges and can experience a range of emotions. For example, wondering about their safety can be stressful and frustrating throughout their deployment period. You take on new roles, overcome challenges, and grow with new experiences while they're gone. Part of the struggle is that you are an outsider when it comes to their military experiences, no matter your relationship, and may have difficulty making sense of what they've gone through. Gaining understanding of the process, your own reactions, and the challenges that await your returning service member will help you deal with the difficult emotions and experiences which may occur during a deployment. This can be difficult, especially if they find it hard to discuss their experiences with you. It may seem as though they are not as close to you and their former lives, making it hard to reconnect after they return. The process of reconnection may be complicated even more by traumatic experiences during deployment. This manual is designed to help you gain more understanding of their experiences by providing knowledge and tools for coping with their return.

First, let's talk about our current war. Today's war is different from past wars for multiple reasons. One of the most important differences is that we have a smaller army since it is entirely made up of volunteers (Tanielian & Jaycox, 2008). The draft is long gone and our current military members are participating because they decided to sacrifice for their country, family, and friends. So what does this mean for our troops? For one, it limits the amount of service members available for deployment (Tanielian & Jaycox, 2008). Additionally, service members are deployed for multiple, longer periods of time with shorter breaks between. These

changes in deployment reduce time for recovery, and increase difficulty for integration into civilian life and reconnection with loved ones (Tanielian & Jaycox, 2008).

Our understanding of the impact of these changes in deployments for veterans, friends, family, and loved ones, is growing. We know that service members exposed to combat environments are more likely to have mental health problems and difficulties transitioning to civilian life (Sayer, Carlson, & Frazier, 2014). These mental health issues may include depression, posttraumatic stress disorder (PTSD), traumatic brain injury, and substance abuse (Sayer et al., 2014). Veterans may also experience difficulties readjusting to civilian life such as finding a job, attending crowded social events, and discussing their experiences while deployed.

Your veteran's mental health impacts their ability to transition home successfully and have healthy relationships (Ray & Vanstone, 2009). For example, we know there is more divorce, physical aggression, domestic violence and child abuse in families of veterans who are diagnosed with PTSD (Campbell et al., 2011; A. D. Jones, 2012; Sayers, 2011). We also know those who have more support from family and friends have a higher quality of life and are able to deal with mental health symptoms and the adjustment process better (Kawachi & Berkman, 2001). Even further complicating the picture is the fact we all have our own unique social histories that impact how we respond, function, and form expectations in important relationships. These social histories, which begin in infancy, create what is called an attachment style and influence the way we attach to, or connect with, other people. Our attachment styles are very important during times of stress because they are also related to how you manage your emotions, such as fear or sadness (Hart, 2011). Both you and your veteran have an attachment style that has formed throughout your lives and influences the way you interact with one another.

The goal of this manual is to provide a foundation of knowledge and skills that you can use

to understand and support your loved one during the transition home from combat. It is not just written for immediate family or spouses, but for all close relationships. The defining aspect of this book is it incorporates an exploration of your own style of attachment and how it may impact your interactions and understanding of the situation. It is vital that you approach this guide with openness and willingness to look inward. Principles of attachment theory will also be threaded through each section of this book so that you can begin to apply this new insight as your understanding and awareness of the transition process grows.

It has been organized into three sections, *Understand, Reconnect,* and *Rebuild.* Part I, *Understand*, focuses primarily on providing information about military culture and the general stress of living in a combat environment. The goal of this section is to provide perspective of your veteran's environment and lifestyle while deployed. Additionally, information about the transition home will highlight significant differences between military and civilian lifestyle. Part II, *Reconnect*, focuses on important techniques and qualities in interpersonal relationships that will ease reconnection, such as communication techniques. Finally, part III, *Rebuild*, highlights long-term strategies to rebuild the relationship. The chapters within this section also deal with difficult topics, such as substance abuse, anger, and domestic violence, as well as how to cope and set boundaries in these situations. Included in this section is a focus on self-care, a very important skill as you deal with the stress of your veteran's return.

Basics of Attachment Theory

Attachment, in its essence, is the social wiring in our brains. At its simplest definition, the concept of attachment can be defined as the longstanding effect of the relationship between parent and child, which impacts whether or not the child generally believes people will support them (Holmes, 1993). It is both biological and psychological and begins while the child is

developing in the mother's womb (Cozolino, 2014; Hart, 2011). The parents (or caregiver) of the child create attachment styles through the type of attention (emotional support) they provide during childhood, which includes their ability to meet their child's physical needs. The amount of positive attention a child receives determines if they grow up to be basically secure, or basically insecure in future relationship (Hart, 2011). The needs of every child change as they grow older, beginning with simpler needs, (e.g. feeding, changing, and general touch and physical comfort) and advance to more complex emotional needs (e.g. validation and reflection) (Hart, 2011; Siegel, 2012) These needs are all important and require the parent to be tuned into to the child physically and emotionally to help them develop.

Secure attachment describes people whose parents and other early relationships consistently met their needs and provided them with dependable emotional support throughout childhood. Because of this, they developed a stronger sense of self and the general belief people will support them in relationships (Cozolino, 2014). They may also feel safer in relationships, have better stress management and control over their emotions, and higher self-esteem (Jordan, 2011).

Insecure attachment describes people whose parents may not have been consistently supportive, leading them to feel less safe in relationships. There are two types of insecure attachment: avoidant and anxious-ambivalent (Cozolino, 2014). The following are descriptions of both types of insecure attachment styles and the conditions that may create each. They are examples of possible conditions and outcomes, however, most people do not fall neatly into these categories. *Avoidant attachment* style may stem from a home environment that is more dismissive of emotional and physical needs. These people grow up believing that other people with the belief they can only rely on themselves and will be let down by others. As adults, they

may appear unemotional and create distance in relationships (Mikulincer & Shaver, 2012; Sable, 2007). *Anxious-ambivalent* attachment styles operate very differently. Typically, they grow up with parents who provided inconsistent attention and support (Hart, 2011; Siegel, 2012). They tend to worry about relationships and may be impulsive or reactive to other people, leading to tension and poor satisfaction in relationships (Mikulincer & Shaver, 2005). They may be more sensitive to changes in the environment and quick to express how they feel.

So why does attachment matter? As adults, our attachment styles essentially form templates that tell us how to behave in important relationships, such as family, friend, or romantic relationships. This includes whether you see relationships as generally supportive, are able to feel close to other people, and how you express and tolerate emotion. These templates also control how we react to stress and deal with hardship throughout our lives. Throughout life, these templates change as you experience ups and downs in relationships (Hart, 2011). For example, if you have a positive romantic relationship where your partner supports you emotionally, you may feel more secure and trusting in future relationships. The opposite is also true. Negative relationships may lead to less security and trust in relationships.

Attachment styles impact our ability to adapt during traumatic situations, such as those experienced in combat. Just like your attachment style will influence your management of stress, your veteran's attachment style will influence how they deal with combat stress. It may be especially difficult if your attachment styles are different, if you both need different things from one another, or express your emotions differently. Deployment strains relationships, not only due to distance, but the brutal and violent environment your loved one serves at. Both yours and your veteran's attachment style are important as you deal with stress of deployment and the transition

home. People with secure attachment styles are less vulnerable and can deal with combat stress more effectively (Sable, 2000).

Throughout the different sections of this manual, these concepts will be highlighted in more detail and applied to situations you may experience. As we move through in this book, you will be asked to look inward to understand your own attachment tendencies, personal history, and tendencies in interpersonal situations. You will also be asked to gain understanding of your loved one's attachment style to help both you and your veteran during the transition. Attachment style will be applied to different topics, such as communication style. Be patient and kind to yourself through this process and remember you developed your attachment style as a way to cope with your environment.

Childhood Attachment Styles			
Attachment Style	Parenting Style	Child Characteristics	Adult Characteristics
Secure	- Consistently meet needs of child -Attune to emotional expression -Play more with children -React more quickly to children's needs -More empathetic during later stages of development	-Able to separate from parent and feel secure -Seek comfort from parents when upset -Prefers parents to strangers	-Have trusting, long-term relationships -Tend to have high self-esteem, -Comfortable sharing feelings with friends and partners -Seek social support -Have more positive feelings about romantic relationships
Anxious	-Parents are inconsistently available -Parents may have poor boundaries -Parents may have difficulty comforting children when they are upset. -Preoccupied with problems	-Wary of strangers -More distressed when parents leave -Do not appear comforted when parents return -Clingy, over-dependent	-Reluctant to become close to others, -May worry partner does not love them -Become distraught when relationships end -Overly generous and giving -Focused on others needs
Avoidant	- Parents may reject or ignore child's needs -Parents may appear dismissive -May leave children alone more	- Show little preference between a parent and a complete stranger - Do not seek comfort from parent when upset	-Have difficulty with intimacy -Invest little emotion in social and romantic relationships -Difficulty sharing thoughts and feelings with others -Difficulty supporting partner during stressful times -May avoid intimacy by using excuses (i.e. long work hours) -Independent and responsible

Your Attachment Style

Now take a moment and reflect on your attachment style. First consider your childhood and your parents' style of communicating and interacting with you. Consider these questions:

- Were your parents consistently available as a child? Did you look for them when you felt upset? Or did you tend to spend time alone and comfort yourself when you were upset.
- Did your parents ever expect you to take care of them or yourself more than they cared for you?
- Did you feel as though you were safe and secure? Or were you constantly worried about upsetting your parents or getting their attention?
- Do you feel as though your parents understood you? Or did they overreact to your emotions or dismiss them when you needed them?

Now consider your current way of relating with others. Remember that we exist on a spectrum and the goal is to identify your style not diagnose yourself. Use this time to find patterns, which will be used throughout the book to help you gain deeper understanding of yourself.

- How do you prefer to spend your time?
    - Do you prefer to spend time by yourself (avoidant)?
    - Do you have difficulty being alone at all (anxious)?
    - Do you feel as though you like to have a balance of time alone and time with others (secure)?
- What kind of close relationships do you usually have?

    - Are they distant and lacking in close connection (avoidant)?
    - Do you often find that others cannot meet your needs and you are always having to compromise or meet their needs (anxious)?
    - Are you able to compromise and deal with conflict without consistently worrying about the relationship ending (secure)?
- How do you handle being upset while you are relationships?
    - Do you need to be alone in order to calm down (avoidant)?
    - Or do you need other people to help you calm down (anxious)?
    - Do you find that you can use relationships as support but do not necessarily need them in order to calm down (secure)?

Deployment Stories

Another tool that will be used throughout this manual are stories. Three stories are included and threaded throughout in order to portray the challenges experiences through human eyes. The following are three are brief introductions to John, Lisa, and Damon, all three veterans, and their families. Their stories will unfold in more detail to emphasize information in different sections. Each of the stories below, while based on stories read in literature and conversations had with veterans, are fictional and written for the purpose of this manual.

The Story of John

The following is a recount of John's story, an Army veteran who served three tours of duty in Iraq and Afghanistan. At the time of his enlistment in the Army, he was 21 years old. He had obtained his high school diploma and attended one year of community college before deciding to join the Army and participate in something he felt was important, protecting the security of the United States.

Growing up, John's parents both worked and were often away from home. As soon as he was old enough, he was given a key to the house and was expected to make himself after-school snacks, do his homework, and, often, make his own dinner, while his parents finished at work. He describes his parents as very loving and concerned about his wellbeing, however, they were often too busy or distracted to participate in his life. They did not attend his soccer games, although they encouraged his participation and financially supported him on the team. Although John's parents did not neglect him, they often disregarded or dismissed his feelings as they were busy and tired from long work weeks. He grew up with only a few close friends and had difficulty opening up to other people.

John decided to join the Army after he met his current wife, Maria, in college. Maria was raised in a single parent household by her mother. She never had a good close relationship with her mother and often felt as though her mother judged her. Whenever Maria became upset, her mother would often respond by telling stories about her own difficult childhood, or about others less fortunate than her. From these experiences with her mother, Maria learned from a young age that those close to her may not be able to meet her emotional needs. She grew up with only a few close friends and rarely dated. John was her first serious relationship before they were married.

John knew he would not be able to take care of his family as a student and, after completing some college courses, he decided to join the military to provide for his future family, while also participating in a worthy cause. He was 21 years old when he enlisted and began basic training. After basic training was complete

he was deployed to Afghanistan for 9 months. Prior to his deployment, he proposed to Maria and they were married between his second and third deployments. During his deployments, John witnessed countless tragedies. He lost fellow unit members in combat, witnessed brutal events, including the torture of a civilian man while in a local village, and experienced first-hand the strenuous living conditions that these people endured. Each of his deployments lasted 9 months and he had about 12-18 months between each deployment. Before he left for his third deployment, John was promoted to Corporal and was given more responsibilities, as he was in charge of a small group of soldiers. The deployments became harder and harder each time for John and Maria and they often struggled to be open and deal with issues that arose. As the book unfolds and we dive into more specific issues, you will learn more about the story of John and Maria.

The Story of Lisa

Lisa is a single mother with two young children, a boy and a girl, ages three and five years. She joined the Navy at age 22 after completing her bachelor's degree in Business Administration. She has been deployed twice to Iraq for 8 months at a time. During each deployment, she left both of her children in the care of her parents. Her close friend from high school, Laura, also helped out in her absence. Growing up, Lisa was an only child and her parents were always supportive of her. They were involved in her life and often participated in activities at school and in demonstrated an interest in her personal life. She grew up in a stable home environment where she always had shelter and food on the table. Lisa's father worked full-time in marketing and her mother worked part-

time at her elementary school.

Lisa's parents have had a difficult time with her deployment. They frequently worry and express concerns to others about her safety. Lisa's parents occasionally expressed their worries with her when they communicate on the phone or video while she was deployed. She noticed that her son and daughter became increasingly worried throughout her deployments and was not sure how her parents' worries may have impacted them.

Laura has been a close friend of Lisa's since they were young. They always supported one another through difficult times and often felt like sisters. Laura's parents both worked full-time and were not around very often when she was home. She frequently spent time at Lisa's house after school and often ate dinner with her family on weekdays. Her parents were typically unavailable to her and often, after being unavailable for stretches of time, or missing important events, would give her gifts to make up for their absence. Because of this, she often had difficulty building relationships with others, frequently driving them away with clingy behavior and high, sometimes unrealistic expectations. Lisa is her longest and closest friend. When Lisa left, it was very difficult for Laura to handle. Prior to her deployment, she became anxious and started spending more time with Lisa and her family. At times, she became angry and would start fights with Lisa over small things. During deployment, they spoke regularly, however, Laura often became upset during or after their conversations.

As Lisa returned home and attempted to adjust to civilian lifestyle, her friends and family wanted to be there for her in their own ways. Her parents were

happy she was home and worried about how war may have changed her. Even though Lisa was not directly in combat zones, she experienced much of the aftermath of combat, including seeing major injuries and death of her fellow soldiers. Her parents were not sure how to talk to her about her experiences and often shied away from discussing it in order to avoid upsetting her. Laura, on the other hand, was frequently asking Lisa about her experiences, wanting to learn as much as possible so that she could understand and rebuild their relationship. Oftentimes, she felt discouraged and frustrated by the lack of response she would get and expressed her feelings to Lisa. Their friendship became strained at times as a result of this.

The Story of Damon

Damon is a single male with no children. He joined the Marines when he was 18 years only, only a month after graduating high school. He has been deployed to Afghanistan three times and is a member within their infantry forces. Each deployment has lasted 6 months, with a year off in between. As an infantryman, he has been dropped into tense conflict situations and has experienced close combat. He has seen his fellow Marines die, as well as enemies and innocent civilians. Damon is an only child with both parents and a large extended family. His parents, aunt and three cousins have all been present and active throughout his life. Their family lives in close proximity to each other, which has kept them extremely close throughout his upbringing. However, since his first deployment, Damon's extended family has had trouble communicating and receiving information directly with him. They rely on Damon’s parents for

updates about his safety and whereabouts.

Damon's father works in a factory and his mother is a waitress at a local restaurant. Both parents supported his decision to enlist in the military. Money has always been tight since his childhood, and they thought his decision would give him the opportunity to branch out of the lower-middle class. Because money was often tight, Damon's parents were frequently stressed and had to pick up additional jobs to make ends meet. Their relationship with Damon has always been strong, however they were not always around. His mother, while supportive, often told Damon about their money problems, as well as other problems in the family, including some problems in the relationship with his father. His father was not an emotional person, therefore, he wasn't someone that Damon felt comfortable talking to when he was upset. Damon has had multiple romantic relationships, however, he always seems to drive others away as he attaches very quickly to them and can appear clingy or dependent. He also has a tendency to get angry quickly and has difficulty calming himself down at times, which is difficult for his friends and family. Damon's aunt is a stay at home mom and provided care and help during his childhood in order for Damon's parents to continue with their nine-to-five jobs. She has been a second mother to him, and her own three children have been raised as if they were his siblings.

Since his return from his first deployment, Damon has shut off slightly from his parents and family. He often spends time alone and when he is with his family members, he is sensitive, irritable, and quick to become upset. His mother worries about his change in behavior, whereas his father feels time will bring their

son back around. Over the course of his three tours, his aunt and cousins have also seen a shift in his usual behavior. It has become harder for them to have simple conversations or partake in activities that once were normal. His aunt and cousins now talk to his parents for all things associated with Damon and are starting to take his change in behavior personal. As Damon attempts to shift into civilian life, his family is struggling to support him and feel as though they are unsuccessful in helping him through the rough transition period.

Understand

This goal of the following section is to provide you with information about deployment, from pre- to post-deployment. While there is significant focus on the experience of your military service member, there is an equally strong emphasis on your experience, as the loved one. The chapters in this section will cover the following:

- Chapter 1 focuses on deployment, beginning with those changes that occur during the highly anticipatory stage of pre-deployment through post-deployment.
- Chapter 2 discusses military culture and the experience of combat, as this is vital to understanding the perspective of your loved one, and the difficulties that they might experience upon their return.
- Chapter 3 will highlight the specific challenges that may occur during a transition from military to civilian life and the significant impact on families and friends.

Chapter 1 - Stages of Deployment

There are five stages of deployment: *pre-deployment, deployment, sustainment, re-deployment, and post-deployment*. Each of these phases has distinct challenges for you and your veteran. Understanding the impact of these phases and how they shaped and changed your relationship will help you to better understand rifts and tension that may have occurred during deployment.

Pre-deployment

Pre-deployment can be described as a period of anticipation. It can be filled with anxiety and stress as you anticipate their department and the challenges associated with it (Jordan, 2011; Pincus & House, 2001). This stress and tension may have strained your relationship, causing arguments or withdrawal from one another. There is also the addition of new relationships in your loved one's life as they begin extensive training with fellow soldiers to prepare as a unit for deployment (Bluestar Families, 2013). At first, these relationships may have felt foreign, maybe even as though they are taking away attention from your relationship during a stressful and difficult time. Remember that these relationships are vital to the safety and success of missions and are necessary for your loved one to form. Stronger bonds between service members allow them to trust one another in dangerous situations by improving communication and understanding of one another (Pincus & House, 2001).

Consider John and Maria's story. They were newlyweds, looking forward to a life together and still, in many ways, learning about one another. John's first deployment, which lasted 9 months, happened shortly after their engagement. Maria was left to plan their wedding on her own. She often felt stressed out managing the details but did not want to worry him. Prior to his deployment, they planned as many details as they could, however, Maria felt concerned

about doing everything on her own. She worried frequently he would be injured, or traumatized, and was concerned about building a life with him when she didn't know what to expect after his return. Maria did not want to upset John with her concerns and was worried she would push him away by expressing them. She began to spend more time alone during the last couple months before he deployed. John noticed her withdrawing from him but was also concerned about his deployment and did not feeling comfortable discussing difficult issues, as this was not what was done in his family. Although they avoided arguments, they never were able to discuss their concerns prior to John's departure and, therefore, nothing was resolved. They were both left feeling uneasy and unsure about the relationship.

Predeployment can also be full of tension, regardless of your relationship with your service member. As we discussed briefly, it may have been difficult to watch your partner focus their attention on new unit members at time where you feel they should be focusing on your relationship. Many couples begin to experience emotional distance prior to the departure, which can cause arguments and increase stress (Jordan, 2011). Children may start to behave differently, such as acting out, throwing tantrums, or withdrawing (Galovski & Lyons, 2004). For those of you outside of the immediate family, including parents, extended family, and friends, your role in the service member's life may not be as well defined, which may lead to more distance. During this time, the service member may choose to focus on their immediate family and may have less time to spend with other people. Another source of tension may be the presence of unresolved issues or ongoing problems in the relationship (Sayers, 2011). The initial urge may be to try and resolve these prior to your loved one's departure, however, this may be too overwhelming for them before they leave. If you identify with anxious attachment you may feel a though this was unacceptable or unbearable for them to leave with a rift still present between

you. The looming deployment may overshadow strains and difficulties in the relationships and make it difficult to resolve or work through these issues. Remember, you may not know what stress they experienced during this time as they prepared for life in a warzone.

Let's take a moment to look at how your attachment style may have impacted your responses and interactions with your loved one during this time. Those who identify with anxious styles of attachment may have needed, or wanted, to spend more time with your loved one or may have wanted a more intense and intimate connection prior to their deployment. It has been found that those with anxious attachment tendencies are more likely to feel concerned and react intensely to negative emotions or behaviors (Mikulincer & Shaver, 2005). If you identify with this style of attachment, you may have been more sensitive to possible signs of rejection. On the other hand, those of you who identify with the avoidant attachment style may find you pulled away as they prepared to deploy. You may have felt numb or even have made excuses to stay away from home or create space in the relationship (e.g. longer work hours). By withdrawing from the relationship, you avoided dealing with the uncomfortable emotions related to fear of losing them. The problems is that these behaviors, much like the ones associated with anxious attachment, create or exaggerate difficulties you were already had (Mikulincer et al., 2001).

So, what happens when your attachment style is different than your loved ones? Or, what happens if you both have similar styles of attachment and reactions to distress? First of all, it is important to understand you were each simply trying to cope with a difficult situation. Consider Laura, Lisa's best friend in the story above. She identified with anxious attachment, and was often pushing Lisa to form a type of relationship that she felt was important. Lisa, who had a more secure attachment style, often felt overwhelmed by her behavior and this caused tension

prior to Lisa's department. On the other hand, John and Maria fall into the avoidant attachment category and often dodged difficult issues. When John left for deployment, there were issues that were unresolved and led to more worrying and stress for both. So there can be challenges when attachment styles are similar, as well as different.

Deployment

The next phase is *Deployment*, which takes place from the moment your loved one leaves home, through the end of the first month of deployment. This is the period of time right after they leave, when the transition may be the roughest. During this time, you may have been surprised by your emotions. For example, it is common to feel relieved after they leave. This may make you feel uncomfortable because this is actually the moment you have been dreading for months. Remember, it is not uncommon to feel this way because it is the first step to their return home. Other common initial emotions are anxiety and stress. You may feel overwhelmed by their absence because of new responsibilities, constant worry for their safety, or simply missing them, which can lead to sadness, anger, and loneliness. After Damon's departure, his family felt his absence at family functions much more than they expected. Despite their preparations and discussions prior to his deployments, they did not expect to feel such a huge hole in their lives so soon after he deployed. They constantly worried about his wellbeing and found themselves waiting for phone calls and letters with urgency. Damon tried to call everyone as frequently as possible, however, it was difficult as he adjusted to his new surroundings and with the limited amount of computers and phones and so many other service members at his camp.

So how is attachment style different during the deployment phase? For those with anxious attachment styles, deployment is an intense time. You may worry that they are not

thinking about you or feel as though the future of your relationship may be doomed. Your service member is the one who controls communication, which may be very uncomfortable for people with anxious styles of attachment. Damon's aunt, Joyce, who raised him for much of his life, was distraught over the loss of Damon in her life. She constantly asked his parents for information about his whereabouts or his last contact. She also wrote him at least two letters each week and frequently expressed her concern for his safety telling him how much the family missed and worried for him. Aunt Joyce felt distracted at work and stopped exercising or spending time with her friends during the first month. Her family the changes in her behavior and expressed their concern. For Damon, Aunt Joyce's letters made him feel upset and concerned about the wellbeing of his family. He felt distracted while working and worried that he made the wrong choice because his family was so upset.

On the other hand, individuals who identify with the avoidant attachment style may seem less upset on the outside during this phase. They may try to prevent themselves from feeling bad or experiencing negative emotions in relationships. It is also common to avoid thinking about the problems or convince yourself the relationship will be fine, or you will be fine without them. It may also be intimidating to express emotion, and lead to a fear that other people will reject or push back. Sometimes, people may push their emotions under the rug, which can end up popping up in other places, such as self-esteem or anger. Consider Maria, after John left, she seemed like she was fine and handling it without a problem. However, she began to withdraw from other people and her level of irritability increased. She often snapped at people in her life, even with minimal reason and drove them away.

Sustainment

Sustainment refers to the bulk of the deployment period, from the second to the last month of deployment (Pincus & House, 2001). During this phase, you and your loved on settle in and adjust to their absence. Family members lean on others for support and new relationships are built to fill the place of the old one. Remember, this is normal, as relationships are important to us. Spouses and children take on new roles and responsibilities in the home and other areas. Over time, the void left behind may have felt smaller as these adjustments are made. As this phase can over a year, there is a lot of time for major life events to happen, both positive and negative. Examples are, the birth of children, death of a loved one, graduations, break-ups, engagements, etc. All things that you will have to celebrate or cope with while apart. You and your loved one are "growing separately" during this phase, which can be difficult. You are incorporating new life experiences both related and unrelated to your relationship. You may have begun to feel as though there are less similarities or common ground between you.

Those with anxious attachment styles may find you needed more support during this phase, which can be difficult for others in their lives who are not always available. This behavior may could strain relationships and cause even more stress. Consider the story of Lisa's friend, Laura. She was unable to set boundaries with people and, at times, drove a wedge in her relationship with Lisa because she was clingy and dependent on her and her parents. If Laura was able to use self-care activities to lower her anxiety and deal with the stress of Lisa's deployment, it may have been easier for both her and Lisa.

In comparison, those with avoidant attachment styles may have lost relationships during this time, as they withdrew and had difficulty expressing their feelings. This may have led to other issues, including anxiety or depression. As we discussed earlier, John and Maria both fall

into this category. During John's deployment, Maria did not build relationships with others or talk to people for support because she was worried they would ask too many questions, be annoyed with her, or even think she was being dramatic. Throughout the course of the deployment, she began to spend more time alone and feel more depressed.

Communication during deployment. Communication with deployed loved ones is better than ever because of our modern technology. Skype, e-mail, and digital phone services make it easier for them to reach out and connect with family and friends. The Defense Satellite Network connects family members for free, although it is often time-limited (Pincus & House, 2001). More communication can give family and friends peace of mind and relief knowing their loved one is safe, however, it can also cause stress. Stress and traumatic experiences can impact the way they communicate, their tone of voice, way they sit, and what they talk about or don't talk about. And these changes can be very obvious. A positive phone call may lead to relief while an unsettling phone call can lead family and friends to worry more and think they are not safe. Due to the distance, a sense of helplessness after difficult phone calls is common, as those left at home have no control. It is also frustrating because you, at home, cannot just reach out to loved ones, you must wait and be patient for them to call you. E-mail is also possible, which may be helpful for those that want more communication. It also allows family and friends the ability to send messages when they want, rather than store up thoughts and feelings until their service member calls.

Another complication includes the limitations of points of contact, which is usually immediately family. Often, others close to the deployed loved one have to rely on immediate family for information, which may be difficult. Think about Damon's aunt, who relied on his parents for information most of the time and started to impatiently pester them for information.

His cousins, uncles, grandparents, and aunts, who are all very close to Damon, found it very difficult to rely on his parents and be patient. His parents were tired of repeating information he passed on during calls and e-mails as well and it strained the relationship. Those who are not regular points of contact may feel disconnected from the experience, which is exaggerated by constant media coverage that constantly provides information about both tragedies and successes.

During deployment, individuals with anxious styles of attachment tend to be more emotionally expressive and may expect the same from their partner. Additionally, you may have been more reactive to statements, or stories they told. On the other hand, those with an avoidant attachment style might have felt detached during communications with their partners. You may find that you were not available when they called or you cut conversations short for a variety of reasons. Communication is a vital component of a healthy relationship and will be covered in more detail in Chapter 4.

Re-deployment

Redeployment, spans the final month of deployment before your loved one returns home. Mixed emotions are experienced at this time as you experience worry, excitement and relief all at the same time. This period is also full of anticipation, which leads to expectations of what their return will be like. Individuals with anxious styles of attachment will likely anticipate the reunion more intensely and may have more expectations. Individuals who identify with the avoidant attachment style may feel numb about the return of a loved one, possibly even tense about having them back in the home or in your lives. If you shared decision-making processes with your loved one (e.g. share a household, run a business together), it could be both a challenge and relief to imagine them coming home and sharing in the household responsibilities.

Post-deployment

Much of the book focuses on the transition home from combat and military life, however, I want to touch briefly on how attachment style impacts this phase overall. Specifically, what may be most helpful is to understand how expectations of their return will impact your reunion and interactions.

After their return home, you may have a lot of expectations. Expectations for how they should feel, behave, and react to you. You may expect to spend a lot of time with them initially, while they actually need time to adjust and process their experiences, which could lead to resentment or sadness. Keep in mind, your responses to these expectations will influence veteran's response and could create problems the relationship. Remember the example between Lisa and Laura. After Lisa returned home, Laura wanted to spend all of her time with her and was harsh if Lisa wanted to be with her family or other friends. Lisa felt overwhelmed by her behavior and started to avoid spending time with Laura. She was grateful for all Laura did to help her parents and children during her deployment, but the stress of the relationship was too much to handle as she readjusted to a civilian life.

The difference for people with avoidant attachment styles is they are less likely to express emotion when their loved one returns. The challenge may be about increasing engagement making room for them in your life. When John came back from deployment for the first time, Maria was both nervous and excited that he was home, even if it may be temporary. When he came home, however, she didn't tell him about her excitement or her nerves. Instead, she used the distraction of wedding planning to spend time with him. Although she didn't do it on purpose, she kept him at a distance this way. John, who also has an avoidant attachment style, found this comfortable and got right to business with her setting up details and organizing an event.

Because of this, they shared few intimate moments and did not get the chance to express things that were important to her, and maintained the distance that formed between them during John's deployment.

Initially, there may be a "honeymoon" phase after they return home. During this period of time, friends, family, and loved ones are overjoyed at the return of their service member safely and conflicts or obstacles seems small. As life begins to return to normal, more issues may come up. If you share a home with your service member, you may feel like you are not appreciated for your sacrifice while they were gone, or even losing independence as they start making decisions. It may be difficult to make necessary compromises.

Finally, war can lead to personality changes, which may range from more severe consequences, such as Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) to the stress reactions from traumatic experiences. These changes may shake up the foundation and stability of your relationship. Even secure relationships may be shaken as these changes are noted and incorporated back into their lives.

Chapter 2 - Understanding Military and Combat Culture

The transition from a military to civilian lifestyle has been compared by some to the experience of immigrating to a new country. Daily life, language, clothing, expectations, gender roles, etc. are all different and have to be relearned each time they are deployed or return home. The transition can be very difficult. Learning more about military and combat culture will help you understand the challenges they experienced and help you to develop empathy, compassion, and understanding. This chapter will cover basic aspects of military and combat culture, as well as the unique experience of women in the military

Military Culture

Military culture is based on common values that unit and military branch members share. These values encourage service members to bond and trust both their fellow soldiers and military leaders. They also support the goals of the mission (Simmons & Yoder, 2013). These values may be different, depending on the military branch, but commonly include: honor, courage, loyalty, integrity, duty, mental toughness, stability, and commitment (Coll, Weiss, & Yarvis, 2011; Simmons & Yoder, 2013). During training, these values are so aggressively taught and applied in training exercises they become rooted in your loved one's thoughts and behavior.

Let's start with an example. Throughout Damon's life, he was disorganized and irresponsible. He often left his stuff all over the house, was late, and always seemed scattered. Basic training demanded organization and responsibility to ensure respond, survival and good teamwork. In a warzone, your belongings may be the very thing that keep people alive in combat. During combat, weapons, survival gear, and first aid items need to be prepped, ready, and in the same place each time. Damon learned to be take care of his things in training and, while in combat, understood the importance of this as he encountered dangerous situations. He also

learned military members are seen as the representation the United States of America while in foreign countries. This means that it was vital he looked clean and put-together in his uniform at all times. When he returned home, Damon struggled with the chaos of his home environment. He became particular about the way some things were organized, felt frustrated with his family if they moved his stuff, and would not let his mom do his laundry. Although it was positive in some ways, it was weird for Damon's family to see the sudden change in his personality. It felt as though they did not know him as well anymore and, at times, walked on eggshells.

Although this example may seem small, it emphasizes how deeply military culture can reach into your home, even in ways you may not expect. There may be more drastic and difficult changes for friends and family, such as obedience. During combat, following and giving orders is vital to support of the mission. At home, or with friends and family, it is not necessarily a good communication strategy to bark orders or expect obedience from loved ones. In fact, in school we actually teach children to think critically and ask questions. At home, an expectation of obedience may appear as attempts to control family and friend's behavior.

After John returned, he often made demands of Maria and was not used to people questioning his judgment. Although he didn't want to pick fights with Maria, he found himself reacting negatively if she disagreed or asked questions. Maria also had a difficult time responding to him and often felt as though she did not have a choice. If she disagreed with his demand, he often got irritable and they got into an argument. It created more strain on the relationship.

Mental toughness is another value important to combat. It allows active service members to stay focused on the goal despite difficult mental and physical conditions. They are encouraged to be self-reliant and push through sicknesses, injuries, and mental health problems so they can

see missions and deployments through to the end. When they return home, this mental toughness, once values, may make it difficult for them to open up about their experiences or seek professional help so they do not look weak (Simmons & Yoder, 2013).

Combat Culture

Combat environments have their own unique aspects. Living in a combat zone creates stress that can have lasting impact on the service members (Tanielian, Karney, Chandra, & Meadows, 2014). Those deployed to combat zones have been found to have more physical and mental health problems than those who deploy to non-combat zones. The constant possibility of destruction, physical injury, and death creates a mental state of constant vigilance (Coll et al., 2011). This tension may be interrupted by experiences of loss, grief, fear, and even witnessing human suffering. The combination of tension peppered by high levels of adrenaline, stress, and possibly horror is difficult can make it difficult to relax or trust in any sense of safety.

Improvised Explosive Devices (IEDs) are one of the defining factors of today's war and have greatly increased the danger for those living in combat zones. IED's are homemade bombs that are used indiscriminately against US forces, meaning they can be anywhere at any time. Head injuries, or mild traumatic brain injuries (mTBIs), are considered the "signature wound" of today's war because of IEDs. Our military is constantly improving battlefield technology to prevent injury and death from IEDs, however, so are our enemies, meaning they are still a considerable threat to our military forces in combat zones. They increase the threat and tension in combat environments as they are difficult to detect and can range significantly in the size of their explosion (Tanielian & Jaycox, 2008).

Common Symptoms of mTBI

-Deficits in memory
-Problems with Attention and Concentration
-Irritability
-Anxiety
-Depression
-Fatigue
-Sleep difficulties
-Headache
-Dizziness or lightheadedness

Another aspect of living in combat zones, which is not unique to today's war, is the destruction of both of human life and property. This may include the death and injury of fellow service members, as well as civilians. They may have even participated in military acts that led to death and destruction of civilians. Their job is to follow orders, believing that their actions are in line with the goal of the ultimate mission. Similarly, many actions may be forced as they were committed in defense of their own life or the lives of their unit members. Either way, witnessing or participating in these events, service members are often left haunted by these experiences. The emotional repercussions of causing harm or death to another human is significant. Many veterans frequently relive these experiences after returning, leading to anxiety or depression.

During deployment to Afghanistan, John's third deployment, he led a small group of soldiers as a corporal. He was in charge of ensuring his officers were trained, informed, and put together. He was the first line of authority for his team and felt responsible for their wellbeing, and lives. On a patrol one day, one of the vehicles in John's team was hit by a roadside bomb. Two of his team members were severely injured and one was killed. John was haunted by these memories. He struggled to discuss them and felt guilty that he was unharmed. When he returned home, he often thought of his lost unit member and had negative thoughts about not belonging home.

As we discussed before, the bond between unit team members increases the whole unit's safety and is drilled into each and every service member during training. When a unit member is lost or injured, other members may feel devastated, or remorseful for not being able to help. They may experience guilt for returning home alive or without injury. These feelings can be difficult for loved ones at home to understand. They are relieved and happy to have their loved one safe at home and expect the same feelings from them (Sayers, 2011). It can be difficult for

you, or other loved ones, to imagine experience guilt for simply returning home. If this is the case for your service member or veteran, remember that these feelings of grief and loss run deep and may take time to process. Give them space and try to understand that it is complicated and is not related to their feelings for you or about being home.

Women in Military

While women face similar challenges to men in the military, they also experience unique problems. The numbers of females in the military is growing, as many as 14% of today's deployed service members are women (Street, Vogt, & Dutra, 2009). Until recently, women were not allowed to serve in combat positions, although they may work in positions that still expose them to hostile environments and dangerous situations (Morris, 2012). Recently, rules changed and women were determined to be eligible for all combat positions if they could meet requirements. At this time, our understanding of the challenges women may face in combat positions is limited. What we know comes from women's military experiences in general and an understanding of combat stressors.

Female service members have been found to experience less support from peers and supervisors (B. Carlson, Stromwall, & Lietz, 2013). Consider our discussion of the impact of stress on combat service members so far. Now imagine if you were in combat with less support, maybe even feeling as though you don't fit in with your male unit members. Consider this, social support and PTSD are connected, the more social support a female veteran has when they return, the less likely they are to develop PTSD. Military culture is typically based on masculine values. Feminine values are seen as less important to duties, responsibilities and identities of military members (Street et al., 2009). This leads to an uncomfortable working environment where a woman's gender, part of their genetic makeup, can actually feel like a problem for them. Not

only are they less likely to feel comfortable in their professional community, women in the military are more likely to experience offensive comments or behaviors because they are women. Women in the military have reported that their accomplishments are less respected and recognize than the accomplishments of male service members (Morris, 2012). All of these factors lead to an environment where women may feel as though they are seen as less than, or invisible, in a job that they have sacrificed much for. The perceived lack of support during also increases the stress and difficulties of an already challenging job (Sayer et al., 2014). Having support from family and friends at home can help women veterans to minimize these difficulties and feel supported.

Until recently, the Veterans Administration (VA) did not provide adequate healthcare options for its female veterans, making it difficult for them to meet their health needs (Morris, 2012). This demonstrates the lack of broader systemic support for women veterans. Currently, the VA is adding more healthcare options for its female veterans, making it a better option for all their healthcare.

Lisa, worked as an Electrician Mate and her team was responsible for managing the ship's electrical power generation systems, lighting systems, electric equipment and appliances. She was the only women on the small team and often had to deal with degrading jokes about women while working. Because of the environment, she did not feel comfortable admitting she felt offended sometimes and had to laugh off the jokes. Although she felt generally supported by her team, she often felt as though she was playing a role that was not genuine. She had to be one of the guys and avoided talking about how much she missed her children or worried about them growing up without her.

Women service members have reporter more sexual harassment during service than men. A study in 2008 reported that 52% of women experienced offensive sexual behaviors or

unwelcome discussion of sexual matters, 31% reported experienced unwanted sexual attention, and 9% experienced sexual pressure, during which they feared personal or professional retaliation if they did not cooperate (B. Carlson et al., 2013). Although this will not be the case for every woman who serves in the military, it is an important topic to introduce and it can lead to more traumatic experiences. It can also complicate romantic relationships and make it difficult to reconnect sexually when they return, an important part of romantic relationships (B. E. Carlson, Stromwall, & Leitz, 2013). They may not feel safe discussing their assault until they return home and are separated from the military (Morris, 2012). This section very briefly introduces sexual harassment and sexual abuse during service. If your loved one is a female who has experienced military sexual trauma, it is important to encourage them to seek help. The VA offers support groups and individual therapy for women who have experienced sexual trauma.

Chapter 3 - Through the lens of the veteran - Transitioning from Military to Civilian Life

We have talked about deployment and about what makes military culture unique. Now let's discuss some major difficulties during the transition from military to civilian culture and how they may impact your life and relationship. Additionally, the concepts of meaning-making, identity development, the unique challenges of family life, and the expectations of time needed for transition are discussed briefly in his chapter. Despite what is said in the media, the majority of veterans actually have positive transition experiences (Sayer et al., 2014). This is not to say that it is not difficult or you will not experience challenges, but to remind you of the strength of your veterans and to instill hope as you go through this time. In fact, some combat veterans have reported a greater appreciation for life after combat (Armstrong, Best, & Domenici, 2009; Sayer et al., 2014). Furthermore, veterans who come home to more social support, friends and family, are less stressed and have more successful transitions. By reading this book and making an effort to understand, you are already supporting your veteran immensely.

Culture Shock and the Importance of Meaning Making

After coming home, many veterans may experience culture shock, a sensation that their environment is unfamiliar or confusing. Their former home environment may suddenly seem different and unfamiliar after spending so much time in a foreign place. Their experiences of violence, death, and other difficulties during deployment may have shaken their very foundation (Armstrong et al., 2009). During combat, service members may compromise their beliefs by engaging in violence or causing harm to others. Depending on their experience, their faith in God, or the very government they served may be compromised (Coll et al., 2011).

Your loved one's ability to make meaning, or see the bigger purpose, out of their experiences will shape their perspective of their deployment. Those who believe their actions were part of an important and meaningful plan, such as defending our country, may see their experiences in a more neutral or positive light. On the other hand, veterans who may think their actions and contributions were not meaningful may have more difficulty and negative thoughts about their experience.

As your part of your loved one's social network, you may serve as a sounding board as they try to make meaning and understand how they think about their experiences (Armstrong et al., 2009). Whether you realize or not, you may reinforce both negative and positive beliefs your loved one holds about their experiences. You may also affect their views by simply sharing your opinion about current events or political views. While you are entitled to your opinion, remember how sensitive and raw your veteran may be after returning from combat. They may also be concerned about how their family and friends will view them after their actions that may lead to anxiety (Armstrong et al., 2009). It may make them hesitate to share and avoid sharing some of the more difficult details. When, and if, they do share, it is important to validate their experiences and the difficulty of sharing with you.

Loss of Identity/Purpose

After returning home from combat, there are every day differences that will feel uncomfortable for your veteran. During training and deployment, service members have a deep sense of purpose and belonging. At home, they won't have the same feeling. Their family and loved ones have adjusted and taken over their roles during deployment. For example, household responsibilities that were once shared became the responsibility of those left behind (Armstrong

et al., 2009). They may feel as though they do not have a place at home or are not needed by friends and family.

Consider how much time you spend at your job, whether you are an accountant, a server, a writer, or a stay-at-home mom or dad. Your job, in many ways, defines who you are. Now imagine that your job suddenly ends. While some may be excited for a new adventure, or sad to leave something important behind, most people would experience some loss of purpose in their day to day lives. For veterans, their job was literally their whole world during deployment. Coming home without a job can be stressful, anxiety provoking, and lead them to feel as though they don't have the same identity. Even the process of job-searching may be embarrassing, frustrating, and even confusing (Sayer et al., 2014). It may feel as though they are starting over after working hard and sacrificing so much for their military career. The skills they honed during countless hours of training and missions may not be useful or applicable in the civilian world (Hoge, 2010). Civilian jobs may feel slow or boring compared to military life. Statistics show veterans have higher rates of unemployment than civilians, with younger veterans, those with mental health concerns, and those with brain injuries having highest rates (Sayer et al., 2014).

Some veterans may experience hopelessness or helplessness when they return home and do not have the same sense of purpose as deployment. Additionally, they may appear on edge even when there is no chance of danger, making it difficult to relax. This constant awareness may also make it difficult to feel like their old self with family and friends leading both to feel disconnected. All of these factors can lead to a loss of identity for your veteran and a feeling that they no longer have a purpose in their new environment, a highly upsetting feeling.

Family Life

For veterans who return to a family home, there are unique challenges. For the family and veteran, it is a happy time to be back together again. It can also be stressful as the veteran struggles to find their place again and family members adjust to having them home again (Armstrong et al., 2009). Children have to adjust to listening to two parents again instead of one and both spouse and veteran have to learn how to make important decisions together again. Even without complications, there are often a mixture of feelings, including excitement, worry, and possibly even resentment (Sayers, 2011). As the spouse, you may worry they have changed or you may experience frustration or resentment at having to run the house or being the only parent (Pincus & House, 2001). Remember, these feelings are normal and common in the process of transitioning home.

Another important note is that challenges and problems within each family are certainly not erased during deployment and may even seem more problematic after they return home. The stress and strain of combat can add new problems that worsen old arguments and problems. For example, if you disagreed on how to discipline your children, this is not likely to change. Now imagine if they come home with more rigid views of obedience or authority, as John did in the example before. Now your disagreement may be even more amplified as their expectations of your children's obedience becomes more rigid. Furthermore, you are accustomed to running the household, disciplining children, and making decisions in your own way.

As the levels of challenge and complication change depending on the couple, there is not only one way to deal with pre- and post-deployment stressors. In general, try to remain patient and see through the eyes of your veteran so you can try to understand. Also, communication,

self-care, and understanding your own reactions will also help as you deal with these challenges. Strategies for dealing with these issues effectively will be provided in later chapters.

Battlemind

In order to promote the wellbeing of combat veterans after returning, the military established training protocol that encourages resiliency through deployments (Jordan, 2011). The definition of "Battlemind," is "the Soldier's inner strength to face fear and adversity in combat with courage" (Castro et al., 2006, p. 1). The main purpose of this program is to identify skills learned during combat that may no longer be adaptive to a civilian lifestyle and can cause problems. For the purposes of this manual, these ten skills also paint a picture of some of the challenges you and your loved one may encounter. The following descriptions were adapted from the Walter Reed Army Research Institute:

1. *Buddies (Cohesion) vs. Withdrawal*: Combat experiences are difficult for those without experience to understand. Service members develop close relationships and bonds with fellow service members, which is often key to their survival. After returning home, these bonds may seem stronger than relationships with friends and family, as the service member may feel more comfortable spending time with their buddies over friends or family. Bonds with family members and friends often have to be reestablished over time while bonds with fellow service members appear easy and strong.
2. *Accountability vs. Control*: In a combat environment, control and accountability for actions and material items (e.g. weapons and gear) are necessary for survival and successful missions. At home, they may feel as though they lost some control and accountability, due to living in a more chaotic environment. Sharing a living

environment with others may mean sharing possessions or losing track of items if moved by others. This may be frustrating and difficult for those transition from military culture.

3. *Targeted vs. Inappropriate Aggression*: In combat, service members are required to react and make potentially lethal decisions in a matter of seconds. This aggression protects their own life, as well as their unit members. At home they may overreact to situations after being used to these types of decisions. Responding in an overly aggressive manner can create tension in relationships at home, in workplaces, and other social situations.
4. *Tactical Awareness vs*. *Hypervigilance*: Awareness of surroundings is key for survival while living in combat environments. This level of awareness may transfer as hypervigilance, an increased state of awareness, once they return home. This may be quick to startle, have increased anxiety, difficulty sleeping, or nightmares. Combat veterans' may see situations as more hostile, even those that are peaceful or harmless.
5. *Emotional Control vs*. *Anger/Detachment*: In combat environments, control of emotions is an adaptive skill to manage anxiety and work effectively. At home, veterans with high levels of control over their emotions may appear distant or detached from situations. Anger may be the more acceptable emotion and may be more available. However, anger is more likely to negatively reduce the ability to develop healthy, balanced, and emotionally-rich relationships.
6. *Lethally Armed vs. "Locked and Loaded" at home*: Carrying weapons is a daily part of life in combat. It is both mandatory and necessary for protection and the

succession of missions. At home, service veterans may carry weapons with them due to a desire to feel safe themselves and protect those around them. For loved ones at home, this may be difficult to understand or may even make them feel unsafe if they are not used to being around weapons.

7. *Missions vs*. *Secretiveness*: As discussed above, the success of some missions during deployment may rely on keeping information secret, including those at home. At home, individuals may have difficulty talking about their experiences, which can leave the loved ones of these service members feeling disconnected.
8. *Individual Responsibility vs*. *Guilt*: In combat environments, service members are responsible for their safety and that of their unit members as a team. Those service members who lose members of their team, or their buddies, may feel guilt once they return home. They may spend time questioning their past and present actions, and may feel conflicted about their deployment period.
9. *Nondefensive (combat) vs*. *Aggressive Driving:* In combat zones, driving is unpredictable because of geography, foreign driving practices, and the constant presence of IEDs. Avoiding other vehicles and engaging in defensive driving is the key to survival. After returning home, service members often drive aggressively. This may cause problems, as it is dangerous and can result in tickets. For service members with young children, it may increase the danger of routine driving trips, such as to and from school.
10. *Discipline and Order vs*. *Conflict*: As discussed above, military values, which are vital to the survival of the unit, include discipline and following orders of their superior officers. For those that were in charge of giving orders while in combat

may expect their friends and family to follow orders. This ca lead to conflict in relationships as family and friends are not likely to follow orders.

Timeline/What to Expect

Every veteran adjusts to civilian lifestyle at their own pace. Making meaning out of their experience is an important part of this transition. It can be quick or slow, depending on the veteran and their personal experiences. This may mean they tell you bits and pieces at a time, it is important to be patient and understand that what they are working through is not simple. They feel more comfortable sharing stories or talking about their experiences with fellow veterans. They may feel more understood by other veterans than by civilian family and friends, who they worry may judge them.

So how do you prepare yourself for their return? First, understand that both of you have changed during their deployment. Second, try to limit your expectations knowing this in order to lower stress that comes from placing expectations on them and yourself. Avoiding rigid expectations also gives you space to explore challenges and accept new dynamics in the relationship without resentment. Accept that it will take some time to adjust and regain trust and balance. Give them space if they are irritable, touchy, or shut-off. Remember that your relationship is important to them, as it is important to you, it just may take some time to adjust.

Reconnect

The second major section of this manual focuses on the action part of reconnecting with your veteran after they return. There are two chapters in this section of the manual.

- Chapter 4 reviews basic and advanced communication skills, as well as other factors that affect communication, such as patience, empathy, and assertiveness.
- Chapter 5 will focus on factors that contribute to healthy reconnection after deployment, including expectations, quality time together, and appropriate responses to attachment ruptures and challenges. The final section within chapter five will discusses the specific challenges of learning about deployment experiences, which may include difficult material.

Chapter 4 – Communicating with Your Veteran

This section is geared towards helping you develop necessary skills to begin reconnecting with your veteran when they return home. Your communication skills will shape how you rebuild your relationship. Is it supportive? Can you set healthy boundaries? Do people turn to when they are feel sad, worried, or angry? Do you talk to people when you are upset, or do you shut down? Are you emotional, or logical when you communicate?

Open communication is important, especially during the transition period. It is helpful for veterans to find and create a shared story they are able to discuss with friends and family (Orange, 2010). The problem is combat stories are often filled with violence and destruction, something that is difficult to discuss or expect people to understand. Your veteran may fear you won't understand or may judge them for their behaviors. They may also worry their experiences will upset you. To further complicate the picture, you bring your own emotions about the relationship and each situation. Unresolved issues from earlier in the relationship, as well as those that developed during deployment, are also active in each conversation. Communication is also rooted in attachment style; a concept you are now pretty familiar with. This section is written to assist you in managing emotions and communicating effectively, even in difficult situations.

Personal Agendas

Everybody has a goal in conversations. A goal could be to get to know someone, to work through a problem, collaborate on a project, be polite, or simply to pass the time. They are usually beneficial as they keep you on target, however, goals can become problematic when they are entrenched in defense tactics or used to soothe insecurities. These are called hidden agendas and will change your communication style in order to meet your own needs. Hidden agendas do

not just mean that they are hidden from others, they may also be hidden from yourself. McKay, Davis, and Fanning, (2009), identified eight types of hidden agendas, which are available in their book Messages (see resource list). These are a good starting place to explore your possible hidden agendas that impact how you communicate. The first step to countering these agendas is to become aware of them and understand how they influence your relationships. The second step is to begin to use other healthy communication tactics to communicate in a balanced and assertive manner, beginning with listening.

Listening

Listening is the true foundation of communication. Think a conversation you've had when you can clearly see the other person is not listening to you. You may have even felt disrespected, frustrated, or insignificant. Listening is a commitment and required if you want to understand who you are talking to. The first step to real listening is simply wanting to hear the other person and understand what they are saying, without letting your own agendas get in the way. We all have things going on in our lives, and sometimes these things can impact our ability to effectively listen. This is normal, and we are all allowed to have off days. But as long as you pay attention and try to listen most of the time, your communication skills will benefit. Aside from having off-days, we also have *listening blocks*, which are typically more habitual and prevent you from listening fully to what the other person is saying (McKay et al., 2009). Listening blocks are common and may occur in some situations while not occurring in others. Here are some listening blocks from McKay et al. (2009) that will help you identify some of your own tendencies.

Blocks to Listening

- Comparing: Comparing yourself (e.g. smarter, healthier) or your experiences (e.g. tough times, more fun, more adventurous) to the person speaking.
- Mind Reading: Instead of hearing what they are saying, you try to read the other person's mind and determine what they are really thinking or feeling. It leads to assumptions about the way others view you or the situation.
- Rehearsing: Practicing your next statement instead of listening to what they are saying.
- Filtering: Listening to some things and not others, whether it is for information you want or avoiding things you don't want to hear.
- Judging: By judging someone in a conversation, you can dismiss the message they are making before waiting to their full statement.
- Dreaming: You may drift off during someone's statements, possibly thinking about something completely different, instead of focusing on what they are saying.
- Identifying: Referring everything back to your own experience instead of trying to gain an understanding of their experiences as separate and different.
- Advising: Searching for the right advice, or problem-solving, while they are still talking, which may cause you to miss important details.
- Sparring: You argue and debate so that your focus is not on listening but finding evidence to support your argument and you will likely miss important information.

- Being Right: Using any means necessary to be right, including twisting facts or making accusations, and have difficulty acknowledging mistakes or weaknesses.
- Derailing: This refers to the action of suddenly changing the subject or making a joke in order to avoid feeling uncomfortable or anxious about the topic of discussion.
- Placating: Agreeing with everything said to avoid conflict and make the other person think positively of you.

The good news is there are communication skills and techniques you can use to counter listening blocks. First, use *active listening*, which can include paraphrasing, clarifying, or giving feedback (McKay et al., 2009). Paraphrasing is simply stating what you have heard in your own words and helps significantly to avoid miscommunications. Clarifying means asking questions to check your understanding. It also demonstrates your interest in what they are talking about. Asking clarifying questions and making statements to demonstrate listening will be make your loved one feel heard and avoid miscommunication. Finally, active listening may include providing nonjudgmental feedback about your thoughts or feelings on the topic. Good feedback is immediate, honest, and, most of all, supportive. Active listening skills make it difficult to for listening blocks to interfere with communication because they force you to be an active participant in the conversation rather than passive.

Another technique to be better listening is to *listen with empathy*. This is especially crucial if you are discussing your loved one's experiences while deployed. You may disagree with their statements, opinion, or even the actions they took, but you can still understand they have formed them because of their personal experiences (McKay et al., 2009). They are simply

doing the best they can, as we all are. Finally, *listen with openness*. This technique asks you to attempt to remove or suspend judgment as much as possible while you are listening to this person (McKay et al., 2009). By suspending judgment, you can better hear the whole statement and avoid filtering or listening selectively to their statements, which can distort what you hear.

Basic Communication Skills

There are some basic communication skills, which can help you to express yourself. As discussed above, communication is about intentions and awareness. For those conversations that may be more emotionally charged or related to a conflict, it may help to have a purpose in mind, especially for important conversations or more emotional discussions. Here are some tips to expressing those goals is a healthy and productive manner.

"I" statements: Communication is most effective when you speak from your own perspective. Think back to a time you were involved in an argument or conversation and someone makes an accusation that wasn't true, such as, "You meant to hurt my feelings." You likely felt frustrated and became defensive. Now imagine if, instead, they said, "I feel hurt by what you said earlier." This statement is will lead to a much different response from you. You may now be interested in why they feel this way, especially if it was not your intention to hurt their feelings. If you can try and frame much of your communication from your own perspective as possible, it will be easier for your loved one to hear what you are saying.

Whole messages: The goal of whole messages are to avoid sending mixed messages. They include four main types of communication: *observation, thoughts, feelings*, and *needs*. They provide your listener with all of the necessary information, including your perspective and your desired outcome. The first part, *observations*, is rooted in facts or reality, it is a statement of what you actually saw, heard, or personally experienced. *Thoughts* are the conclusions you have

come to, based on what you experienced, and may include a theory or belief about the situation. *Feelings* are the emotions that resulted from your thoughts and experiences. Sometimes, feelings are the most difficult part to express, as they make you vulnerable. Finally, *needs* refer to the outcome you want from the situation. If you include a judgment, a belief that the situation or their behavior is right or wrong, you may cloud the message you are sending. Here are some examples of good whole messages:

EXAMPLE 1: I noticed you became quiet after I made a comment about your deployment time *(observation)*. I am worried *(feeling)* you may have been offended by what I said *(thought)*. I would like to talk more about what happened when you are up to it so that I can understand how to better communicate with you in the future *(need)*.

EXAMPLE 2: The other day, when you yelled at me (*observation)*, I was hurt *(feeling)*. I think you were mad at me for something I said *(thought)*. I would like to talk more about what upset you and explain what I was trying to say so we can resolve this *(need).*

Communication Style. Everyone communicates differently. Some people communicate freely and use more words, while others choose their words carefully and speak less. Some speak loudly, while others are more soft-spoken. We all have a different way of communicating. Sometimes our communication style can negatively impact conversations in relationships. There are three styles of communication that learning about, may help you understand some of your own tendencies.

Passive Communication Style typically means that the person is communicating in a way that relinquishes their power and responsibility in the conversation (McKay et al., 2009). Passive communication also means that you don't express yourself directly.

EXAMPLE: Lisa is in an argument with her mother about how to discipline her children after she returns home from deployment. She feels exhausted and guilty for being gone so much. Instead of engaging in assertive communication, she says "Okay fine, you know what is best, you have been there for them when I haven't been."

Aggressive communication style can be direct and even abrasive and often occurs without regard for the others' opinions or experience (McKay et al., 2009). The goal of this communication style is to meet their own needs and win in the conversation. This style of communication is especially difficult while attempting to collaborate on a join goal or project or resolve a conflict.

EXAMPLE: If Lisa was in the same situation as above, but chose to use a more aggressive style of communication, it may sound like this, "I'm their mother, you have no right to make a decision for me. If you do not play by my rules, you will not spend time with your grandchildren."

Now let's compare those two examples. In the first example, of passive communication, Lisa is not expressing her true feelings or thoughts because of her own insecurities. She may feel as though she does not have control in her relationship with her parents or children, which could lead to anxiety, frustration, and continued problems in the future. In the second example, of aggressive communication, she does not work with her mother and her statements may actually cause hurt to her mother. By threatening her mother with taking her grandchildren away, she also creates distance in the relationship, which may lead to future relationship problems and lower amounts of support.

Assertive communication is a direct and confident expression of your own needs, without violating the rights of others (Kotzman & Kotzman, 2008). At the foundation of assertive communication is mutual respect for the other person involved. An alternative to assertive communication is submissive behavior or communication, which is giving into or giving up on something that is important to you without expressing your own thoughts, needs, or feelings on the topic. Often, this type of communications results in an increase in negative feelings and passive-aggressive behavior afterwards and can lead to more problems in the relationship. Using whole messages, as described in the previous section, will help you convey your point and thoughts assertively and will help you to avoid putting the other person in a defensive mode.

> EXAMPLE: If Lisa were to use assertive communication to discuss her concerns with her mother, she may say something like this, "I really appreciate everything you have done and understand your reasoning. However, now that I am home, I would like to make this decision and believe that this would be the best way to do it. I would like to work together more in the future on this issues since you are an important part of their lives as well."

When Lisa communicates in an assertive manner, she both listens to her mother's statements and expresses her own feelings, thoughts, and needs. In order to communicate assertively, Lisa would have to listen and understand her mother's opinion and thoughts about disciplining her children, utilizing the listening skills discussed above.

Advanced Communication Skills

Advanced communication skills are more relative to specific situations and build upon the skills we have already discussed in Basic Communication Skills. They require a deeper

understanding of your communication partner's goals and emotions as well, which requires you to hone your listening skills.

Validation is the act of communicating a sense of understanding for actions, thoughts, or feelings (McKay et al., 2009). This does not mean to simply agree with them. Instead, it is making a genuine attempt to understand how their experiences led to their emotional reaction. This distinction is important because, as we discussed earlier, military culture is unique and can be difficult to appreciate. This technique is especially important in conflict resolution, which will be discussed later, but is also helpful in regular conversations. Validation helps to disarm people in difficult conversations and builds trust that others have their best interests in mind. For validation to be effective, it should be genuine. If you need to ask clarifying questions, it will further demonstrate your interest in the conversation and them. Here is an example of a validating statement.

> EXAMPLE: John and Maria are arguing over a plan for the wedding following his first deployment. Maria is frustrated because she has worked so hard to plan much of the wedding without John's input and she did not feel as though he understood how much work he had put in. At a point in the argument, John says, "Maria, I understand it must have been difficult to plan all of this without me, especially when you're doing this on your own. However, here is why I think we should do it this way."

By expressing an understanding of everything she had done in his absence, he validated the effort Maria had put into the wedding planning. Maria immediately felt more understood and her frustration lowered. They were able to discuss both of their concerns more rationally and understand one another's reasoning better.

Conflict resolution requires the integration of the communication skills and techniques presented above. Using assertive communication, whole messages, and "I" statements will make conflict resolution more manageable and reduce unnecessary miscommunications. Similarly, the tool of validating your loved one's experience can help to reduce negative emotions during disagreements by making them feel heard, and even understood. This is called a de-escalation technique. Now let's look at the following situation. Lisa and Laura are in an argument because Lisa has told Laura that she cannot go to dinner with her for the second time in a row. Laura has responded by getting upset and demanding Lisa to tell her what is wrong. Now let's look at how this situation is handled by Laura in two different scenarios. In scenario 1, Laura uses contaminated messages, which creates a different reaction from Lisa. During scenario 2, she uses whole messages and validation, which changes how Laura reacts to her statements.

> EXAMPLE 1: "Laura, you're so needy. How can I possibly want to spend time with you when you don't ever give me any space to spend time with other people? You're smothering me."
>
> EXAMPLE 2: "Laura, I understand that you want to spend time with me and I want to spend time with you too. However, there are also other important people to me that I would like to spend time with. Sometimes I feel as though you do not understand that. What if we planned a weekly dinner?"

In the first example, Lisa used blaming words and phrases that likely led Laura to feel defensive and frustrated. She did not speak from her own perspective and did not express her needs in the relationship, therefore, it was not likely to be resolved. In the second example, Lisa validated Laura's needs and expressed her thoughts and feelings from her own perspective. She also provided a suggestion for spending time with one another without as much conflict. This use

of assertive communication and whole messages, would be more likely to lead Laura to feel comfortable and understood by Lisa. It would also be likely to reduce conflict between them and strengthen the relationship long-term.

There are other aspects of conflict resolution that are equally as important. Knowing what you want the outcome of the conflict to be is important because it keeps you focused and can reduce the impact of emotions that may interfere with your reactions. It is also important to remember you may not reach the exact outcome you want and must be willing to compromise at times. There may some things you are not willing to negotiate, which is also okay, but if you are unwilling to give on anything, it will be difficult to find a solution. While emotions are normal and healthy to experience, the way you choose to express them will significantly impact the course of the conversation. For example, if your feelings are hurt by something the other person said, it would not be helpful or constructive to lash out at them just to hurt them back. Knowing when you need to take a break or walk away during the conversation is vital, especially when dealing with combat veterans, who may express anger and get heated more easily (Bluestar Families, 2013). Taking a break will also give you the space you need to reflect on your goals, needs, and use more appropriate communication skills when you return. It may be helpful to agree on a time-out system if heated arguments are more frequent (Veterans Administration, 2010).

Attachment Style and Communication

As we know, attachment styles influence so many aspects of our lives, especially communication. Consider the impact that attachment style has on your understanding and emotions within relationships. In general, people with secure attachment styles may have an easier time regulating emotions, while those with insecure attachment styles may be more likely

to shut down or overreact to situations. You may be more likely to see the conflict as a major threat to the status of the relationship rather than a bump in the road, as those with a secure attachment style do. If you identify with more anxious attachment characteristics, you may be more sensitive to negative cues in conversations and may quickly become emotional (Riggs & Riggs, 2011). Gaining control over your emotions and thoughts, with the use of mindfulness techniques will be helpful in the moment. Those with avoidant attachment characteristics may find you feel pessimistic about the outcome of the conflict and may shut down rather than continue the discussion openly (Mikulincer & Shaver, 2005). Remember these assumptions are not necessarily based in reality. Regardless of your attachment style, the techniques and skills discussed above will help you increase your ability to communicate effectively with your veteran so that you can reconnect and rebuild a healthy relationship. Make sure you are listening to what they are actually saying rather than letting your own perspective and thoughts influence your response. Learn and know the listening blocks described in this chapter so you will be able to recognize them when they happen. Also practice good communication skills throughout all areas of your life. This way, when tough situations happen, you will be able to pull them from your toolbox with ease.

Chapter 5 - Reconnecting with Your Veteran

Now that you have the skills to communicate with your loved one, let's discuss the process of reconnecting. All relationships are likely hit some bumps in the road during this process, regardless of how long you have been together. You can lessen the amount or impact of these challenges if you set your expectations appropriately before they come home. This chapter covers some of the important concepts to making the initial reconnection process more enjoyable, and less challenging.

Setting Appropriate Expectations

The sheer range of experiences your loved one may have had while deployed, combined with attachment style and other personal factor, leaves an infinite amount of reactions they may have. So let's admit that predicting how your veteran will react when they come home is impossible. Attempting to control or predict their return will quickly lead to frustration or disappointment. The only thing you can control is your own behavior and your own reactions.

Similar to limiting expectations, is reducing your use of the word *should. Should* implies a judgment or opinion and often leads to feelings of resentment or frustration. Think about the following statement, "He *should* be more interested in spending time with me." This implies your loved one is doing something wrong by not behaving a certain way or, spending time with you the way they *should*. By thinking or speaking this way, you close the door to gaining more understanding and potentially finding a compromise or resolution. Now, in comparison, reflect on the following statement or thought, "I'm not spending as much time as I would like with him." Although you may still have an emotional reaction, it doesn't not place the blame on your loved one and opens the door for further investigation and problem-solving.

We have discussed how difficult it was for Damon's aunt Joyce to deal with his deployment. Also, Damon struggled with the chaos and lack of predictability of spending time with his family after he returned. The stress of combat, combined with the difficulty of returning home, led him to spend some more time alone and away from the family. His family all worried about him spending time alone, however, Aunt Joyce frequently expressed these feelings. She expected him to want to be with the family all the time. On one occasion, he left early from a family barbeque, which upset Aunt Joyce. When he was leaving she told him, "You should be happy to be home with your family safe and sound. We all worried about you, the least you could do is care enough to finish dinner with us." Damon left feeling despondent and like he would not be able to meet the needs of his family as well as his own. He felt ashamed about his frustration and intolerance for family events as he knew that it was different from before. Her statement caused him to lash out at her in the moment and stay away for the next couple days. Additionally, he felt uncomfortable at future family events and felt less supported by Aunt Joyce.

Although Aunt Joyce was reacting out of her own love and concern for Damon, her statement had the opposite effect on him. It made him feel unsupported and frustrated about spending time with his family. She was placing her own expectations on him. Her communication of those expectations made Damon feel as though he was doing something wrong and led him to feel even more disconnected from her and other members of his family. If Aunt Joyce has simply spoken with him and asked about why he was leaving early, or expressed her concern using an *I statement* or a whole message, the outcome may have been better and both parties may have resolved some of their concerns.

Patience

Patience is a major key to success in this process, as you have likely picked up throughout various chapters. Patience is not something we are born with. So how do you build it when you are in the midst of dealing with a difficult situation. If it were, life would be much easier, and relationships would likely go much smoother. Impatience may come from a variety of things, including unrealistic expectations, which we have addressed in the section above. Additionally, it may come from difficulty managing your thoughts or emotions. Mindfulness skills, which allow you to be more mindful of your internal thoughts, emotions, and physical sensations, which may help you to reduce your impatience. Mindfulness is covered in more detail in the next section.

Another way to build patience for your unique loved one and their experiences is to try to put yourself in their shoes, to understand what they went through. By attempting to understand their experiences, you can develop empathy, which is the ability to understand their emotional state. This strategy can be used both in the moment, as well as during longer periods of conflict or frustration, making it a good tool for a variety of situations.

> EXERCISE: If you do not know where to start, begin by looking at descriptions of military and combat culture in chapter 1. Set aside some time to reflect on how difficult this may have been, even imaging how you may react in the same situation. Ask yourself what types of challenges you may experience afterwards?

Something that interferes with patience is being tired, hungry, or irritated from something else. Try to avoid raising sensitive issues at those times. The same goes for you, try not to engage in difficult conversations if you know that you will have a shorter fuse or will be more sensitive

to their statements. Holding back from discussing topics that requires patience during these times will be worth it to avoid unnecessary conflict and engage in better communication.

Mindfulness Skills

So what is mindfulness? Mindfulness is simply training your mind to pay attention to the present moment, which includes emotions, physical sensations, and thoughts, without judgment (Snyder, Shapiro, & Treleaven, 2012). By thinking about the present moment, you can reduce past or future worries. It has also been shown to increase patience and improve your control over thoughts and emotions. The key to effective use of mindfulness skills is to have an open-mind and an attitude of acceptance rather than judgment. At the end of the day, what do you have to lose by trying it? The best way to understand mindfulness is to practice it.

These are two basic exercises in mindfulness. These are meant as an introduction to the benefits it offers in stress reduction and emotional management. If you have difficulty sitting still, you can reduce the time recommended below for each exercise. The key is not the length of time, it is the intention to sit still and focus your attention. If you find that these exercises are helpful, there are many resources out there to help develop your mindfulness skills further. Some of these are listed at the end of the book.

Mindfulness exercise 1: First, set aside 10-15 minutes of time, where you will not be bothered and can free yourself from distraction (e.g. turn off cell phone, close computers). Set a timer so that you can relax without monitoring the time. Sit comfortably in a position where you feel relaxed. If you have injuries or aches, try to minimize these to increase your level of comfort. Start to focus on your breathing, paying attention to the way it sounds entering and leaving your body. Pay attention to the way your chest rises and falls when you breathe. Now as you breathe, focus on the thoughts that enter and leave your mind without

holding onto any for too long. Let your thoughts fade away without judgment or resistance. If you have difficulty letting some thoughts fade, simply note that and let them recede in their own time.

Mindfulness exercise 2: This second exercise is an example of an active mindfulness meditation. Take a task you complete regularly, for example, cleaning the kitchen or walking the dog, and try not to rush through it. Pay attention to every step or action you take during this task. Think about the muscles your body uses while walking or scrubbing and notice the feeling in your body while you complete the task. When your mind wanders to another topic or you notice yourself rushing to complete the task, simply bring yourself back to your actions in that moment. Notice sensations on your body. If you are walking, notice if there is a breeze. If you are cleaning, notice the way the sponge or washrag feels in your hand or the circular motions you use to clean the counter. Every type of activity can be done mindfully, as long as you set the intention to do so, and make an effort to focus on the task in a way you had not before.

Attachment Style and Expectations

Now let's take a moment to try and understand how your own attachment style will impact this process. Briefly, those with secure attachment styles are going to be less likely to view the actions of their loved ones as negative or signs of the relationship disintegrating. The difficulties your veteran experiences when they return home may make it difficult to communicate successfully with them. For example, if they are easily angered, withdrawn, or hypersensitive. People with secure attachment styles may be more comfortable with the challenges these difficulties create and may be less likely to demand resolutions before they are ready.

Anxious attachment characteristics. People with anxious attachment styles are likely to be more sensitive in relationships. They may also have unrealistic expectations about the reconnection process. These individuals are also more likely to react strongly to situations where these cues are perceived (Holmes, 1993). From an outside perspective, those with anxious attachment styles may lash out or react strongly to situations that may not warrant such reactions. These reactions stem from a fear that they will lose their loved one's affection or concern or the stability the relationship offers.

If you identify with anxious attachment characteristics, limiting or setting reasonable expectations about the early process will be helpful. Refer to the sections on Mindfulness and building patience to find ways to cope with difficult emotions.

Avoidant attachment characteristics. When someone with avoidant attachment characteristics feels concerned about their relationship, they will withdraw from the situation to avoid becoming emotional (Hart, 2011). Although they appear to be less sensitive in their relationships, this is not the case. This may be harmful because they may seem like they do not care or are not invested in the relationship.

If you identify with avoidant attachment characteristics, you will need to push yourself out of your comfort zone in order to work through and deal with the difficulties. You can do this by focusing on future goals for your relationships. This may mean you need to take a risk by calling your loved one when it feels uncomfortable or express an emotion that leaves you feeling vulnerable.

Quality Time

In today's day and age, spending quality time with people is not as simple as it once was. We have so many digital devices and distractions around us at all times that simply being in a

room together does not mean that you will genuinely connect. Quality time is time you spend with others where your attention is focused on one another. It may be an activity you both enjoy, or a dinner where you are engaged in conversation. It could be as simple as a walk around your neighborhood, a picnic, a day at a theme park, or a dinner date. They key is that you make the decision to focus on one another rather than the distractions in your environment.

Although there will be many people who are excited that your service member has returned, remember, it may not be the best to see them in large groups, especially in the beginning. They may feel overwhelmed by loud noise, multiple conversations, or the significant amount of attention on them (Orange, 2010). It may also be difficult for them to talk about their experiences, especially if they have not quite processed the trauma and stress of combat on their own or with a professional. Although it will be difficult to avoid these, as social functions are very much a part of our world, keep in mind these events may be stressful for your loved one, and likely will not be considered quality time initially.

As we discussed, John and Maria struggled to reconnect when he first arrived home. They had difficulty broaching uncomfortable topics and chose instead to focus on household tasks and practical things in their lives. After a month or so, they began to realize they still felt like strangers living together. They had not had much time together before he deployed and the time between each deployment never felt like a chance to connect, as he was planning on leaving within such a short time again. They decided to set up a date night every Friday night, outside of the house. They usually went to dinner and would leave their phones at home. They also set a rule to leave household tasks and to-do lists at home, so that they would not resort their comfort zone over dinner. Over time, they began to feel more comfortable with one another. John began to confide in Maria about his experiences and she learned even more about his upbringing and

difficulties making friends. She began to share more as well and allowed herself to be more vulnerable.

Coping with Redeployments

As I discussed in the beginning, one of the unique aspects of our current war is the frequent redeployments for service members. Multiple deployments increase the exposure to all of the stress and difficulties described above, which can wear down their resilience and mental toughness (Tanielian & Jaycox, 2008). It also means that their returns from deployment may not lead to actual reconnection, as the thought of them returning prevents family and friends from building a genuine relationship and the service member from settling down. Additionally, if your loved one had multiple deployments, they likely did not return to a civilian lifestyle between each deployment. They likely continued training and working in a military occupation. Not knowing when they will leave or what will happen to them on the next deployment is stressful and can impact your interactions, as you may feel as though you will lose them.

The period between deployments can almost feel similar to the mindset that occurs while on vacation. You enjoy the time, all the while knowing that it is temporary and must end within a time period. During this time, you may also ignore some of frustrating aspects of being out of your comfort zone (e.g. language barriers, transportation difficulties) due to the excitement and the temporary nature of the trip. You get a chance to refresh and take a break from the challenges of daily life, but you have to return at some point. Similarly, when your loved one comes home for a temporary visit, it is possible you will ignore some of the challenges you may have to face when they return home permanently. You may be excited to just spend time with them. On the other side, is the knowledge that their time home is temporary and they will be leaving for uncertain destinations where their safety may be compromised.

Understanding the Impact of their Trauma

As you start to communicate and learn about your veteran's experiences, it is important to understand the impact these stories may have on you. Depending on what and how much they share, you may be impacted by what they talk about. Their stories may include death, torture, or terrible life conditions they experienced while living in a warzone. It is important to find your own social support to help you cope, maybe even therapy or counseling. Denying that these stories are impactful may prevent you from adequately dealing with your experiences, preventing you from caring for yourself and your veteran. Furthermore, understanding their experiences helps you to develop empathy for them.

As you learn about their experiences, pay attention to how you feel both emotionally and physically. You may not realize the impact of their stories. Some people have experienced headaches, breathing difficulties, unpleasant images, increased vulnerability, difficulty trusting others, and a feeling of emotional numbness as they learn about their veteran's experiences (Dekel & Monson, 2010). It can also lead to more negative thinking style and even anxiety or depression symptoms. The more stress and difficulties your loved one has, the more likely you are to experience some of these difficulties and the more severe they are likely to be (Beckham, Lytle, & Feldman, 1996). Self-care and self-awareness will improve your ability to understand when you need a break and strong communication skills will allow you to express this need effectively.

After coming home, Damon lived with his parents. They would often eat dinner together and, slowly, over time, he began to tell stories from his deployments. At first, he talked about military life and the culture in Afghanistan. Slowly, he began to tell stories from combat, about the loss of unit members and the experience of war. His mother wanted to support him and did

not want to seem as though she could not handle the stories. She listened carefully and offered whatever support she could, however, she found Damon's experiences difficult to hear. Damon's mom began to experience frequent headaches and began sleeping more. She began to withdraw slightly from her friends and had difficulty in large crowds and social situations. Instead of discussing her feelings and difficulties with Damon's father, she dismissed them so she could continue to support and listen to Damon.

Rebuild

This section focuses on strategies for building the foundation of your long-term relationship with your loved one. It builds upon strategies, skills, and information provided in the beginning of this manual and requires you to integrate your new understanding of yourself.

- Chapter 6 discusses the process of accepting change and acknowledging loss within the relationship.
- Chapter 7 focuses on the ways you can support your veterans long-term transition, such as the encouragement of socializing with fellow veterans.
- Chapter 8 carries the vital message of self-care and provides information about the dangers of enmeshment and caregiver burnout, as well as techniques to build emotional stability.
- Chapter 9 discusses specific techniques and strategies for coping with symptoms of PTSD, such as nightmares and flashbacks, and provide support for the disruption this may bring at home or to the relationship in general.
- Chapter 10 focuses on issues within specific types of relationships, such as romantic relationships and parenting.
- Chapter 11 provides information about how to use available resources and understanding when it may be necessary to seek outside assistance for yourself or your veteran.

Chapter 6 - Embracing Change and Acknowledging Loss

Loss of Self

Depending on your role in your loved one's life, their absence will have had different impacts. For those whose daily lives were more intertwined, you may have had to drastically change your routine and taken on more responsibilities. You may have even have had to put your life on hold in order to adjust to the new responsibilities. At times, this is frustrating and overwhelming, however many have reported more independence and pride at taking on more responsibility (Orange, 2010). It can be empowering to run an entire household, take over a business, or fill a new role, even if temporary. It may feel like your new role is causing you to take a backseat and may have had less time for yourself, including hobbies and self-care. You may even lose your sense of self as you try and balance everything you need to balance. Without a stable sense of self, you may experience increased stress as you try and understand your own experience in addition to the experience of your veteran. It is important to find less time-consuming ways to manage stress that will fit into your schedule and amongst your many roles.

If your loved one has returned with injuries or trauma symptoms, you may be responsible for caregiving. They may need your help to do everyday things, further adding to your responsibilities and changing your role in the relationship once again. Caregiving can be a delicate and challenging balance. Being available for their needs, while also trying to care for yourself, may lead to major sacrifices. Taking care of them may lead to increased tension and stress. If you do not manage your stress level or make time for your own needs, you may begin to lose compassion and even feel frustrated by the responsibility (Galovski & Lyons, 2004). There is also a possibility you begin to experience physical or psychology symptoms of distress, including muscle tension, anxiety, or depression (Dekel & Monson, 2010). Caring for yourself

may seem selfish at a time when your veteran is suffering, however, it is necessary in order to continue to support them in the ways that they need.

Grieving the Loss of the Old Relationship

When your veteran returns, it may feel as though you need to start over, learn about who they are now. At first, you may feel as though this is unfair, almost as if you lost a relationship you spent years, maybe decades building (Orange, 2010). You were not the one that made the choice to serve and now the relationship is uncertain, possibly leaving you feeling insecure or confused. Your feelings of frustration and loss do not mean you cannot also be immensely proud of their service and sacrifice at the same time. Both experiences can be present. But without acknowledging the negative feelings, and trying to understand them, you will not be able to appropriately understand or adapt to the new dynamics in the relationship.

Your attachment style is integral during times of grief and frustration in relationships. Remember, it forms in response to your environment and as a way to guarantee closeness with others, an important aspect of being human. Those with secure attachment will still experience sadness, loss, and frustration, but may be able to control their behavior and emotions more easily that those with insecure attachment styles. Anxious attachments may try to force the relationship back into the same place it was prior to their deployments. Your veteran may feel overwhelmed by this and may react with anger or by pulling away. Consider the story about Damon and how he reacted to his Aunt Joyce after she was upset he left dinner early. She expected Damon to be with the family in the same way now he did prior to his deployment and when he was different. She attempted to force it and he became upset and withdrew from her and the family.

If you are avoidantly attached, feeling as though you need to rebuild your relationship all over again may be overwhelming. You are more likely to shut down and withdraw. You may feel

as though it is pointless to deal with the stress and anxiety of learning about one another again. Instead of talking about important things, such as your relationship, you may choose to focus on superficial topics of conversation. Your veteran may feel like you are not interested or invested in the relationship. Consider John and Maria when he first returned home. They both chose to focus their attention on less meaningful topics, such as household tasks at first, as they did not know how to reconnect with one another. As a result, they began to lose their connection to one another. This changed once they made the effort to set aside time just for them. Over time, they opened up more and began to talk about more difficult topics. This brought them closer together and allowed Maria to learn more about his experiences. It also allowed John to understand Maria's experience.

Accepting Changes as Lasting

A key factor to the rebuilding process is understanding the relationship with your veteran may never be the same as it was prior to their deployment (Orange, 2010). Their training and combat experience can change them in ways you may not be able to imagine until they come home. Both grief and trauma have a profound impact on the human soul. Your job, as a loved one, is to accept these changes, find the positives alongside the challenges, and move forward. Acceptance is not just for your veteran; it is for you as well. You need to be able to clearly see and understand the relationship before you are able to understand your own needs as well. Spend quality time with your veteran, in order to get to know them, and understand the new dynamics. Some changes you see following their return may be temporary, as they adjust to being home. Tap into your sense of patience before overreacting or expressing concerns early on, you are working towards building a lasting positive relationship.

Throughout her life, Lisa was always easy going and loved to joke around with family and friends. She was not easily bothered or offended. After returning from deployment, she seemed more serious and became upset about some small things easier. She was not as easy to joke around with. Lisa also seemed more high strung about her children. At first, this was difficult for her friends and family because it seemed like such a drastic change in her personality. They could not interact with like they had in the past. As time passed, they learned to deal with the change and began to see that there were other positive changes. She seemed more responsible and focused on her career, which is beneficial for her kids and eventually allowed them to move out of her parents' house. Over time, they settled into the relationship and adjusted to the changes in her personality. They sometimes missed the easy-going jokester she was growing up, but respected the thoughtful, caring, and responsible person she grew to be out of deployment.

Survivor's Guilt

During deployment, the chances your loved one experienced the loss or injury of another service member, is high. They may feel guilty if they returned home relatively free of injury (Galovski & Lyons, 2004). This is often called *Survivor's Guilt*. As the loved one of a veteran, this may be difficult to understand. It would be hard to imagine why they are not happy enough to be at home with their friends and family. Remember the strength of the bond between unit members, which makes sure they protect each other's life. This bond also means they feel responsible for others' lives. Therefore, when a unit member dies, or is injured, unexpectedly, they often feel guilt even if they could not have done anything to save them. Survivor's Guilt does not mean they are not happy to be home with their close family and friends. They are grieving their loss with the added complication of feeling responsible. Try not to personalize their behavior and be patient as they work through their process. Consider that you both are

experiencing a sense of loss, and try to empathize with their experience from that perspective. It may be helpful to encourage them to join a support group as other veterans will be able to understand their feelings and emotions.

Chapter 7 - Supporting your Veteran's Long-Term Transition

(What role do you play in this process?)

As you and your loved adjust, reconnect, and head towards the future, you may wonder what your role is during this process. It may be simpler than you initially think. Some of the tools to help you support your veteran in everyday situations, as well as more difficult ones, are provided in this chapter.

Reflection, Empathic Listening, and Meaning-Making

Earlier in the book, we discussed the importance of meaning-making. How your veteran reflects upon their experience will influence how they see their experience. But what is your role in your veteran's ability to make meaning? As we discussed earlier as well, your opinion, political beliefs, etc., can shape your loved one's view. Another way to help them is simply to listen, empathetically, and reflect what you hear. This is similar to *paraphrasing*, which was discussed in Chapter 4. Think about a time when you were discussing something with a friend and they simply listened and, when you were done, repeated or paraphrased what you said. Did you find this helpful? Did you feel heard? Reflection can be the most powerful tool for those that are discussing difficult issues.

> EXAMPLE: Damon's cousin, Shawn, is listening to him discuss his experiences in combat. He is shocked at what Damon had to experience and what he saw while he was in combat. After Damon finishes telling his story, he is left speechless and feels as though he should say something or give him some advice about how to cope with it all. He chooses instead to simply reflect what he heard. He said, "It sounds like you experienced a lot of difficult things while you were over there. I bet it is difficult not to think about it while you are home with everyone."

After hearing Shawn's response, Damon felt heard and was able to acknowledge the difficulty of his experiences as well. He was happy that Shawn did not attempt to tell him how to feel or give him advice on how to cope with his experiences. He really just wanted to express something and it felt good to have it reflected back to him.

Empathic listening is similar, however, it incorporates more of a desire to understand the experience. You may ask clarifying questions about how the situation left them feeling or ask for more vivid details so that you can gain the full experience. By participating in their story in this way, they can continue to process and find their own meaning, in their own time. One caution is to be careful when providing advice or problem-solving. It can get in the way of your listening ability and may make it seem as though you are trying to solve a problem. Humor and lighthearted discussion can be useful as well, as it may make it easier to discuss certain topics. However, be careful to be respectful of their emotions. Let them unfold their story and enrich it over time.

> EXAMPLE: Using the same example above, to demonstrate empathic listening, Shawn may have simply added a question to his statements. One example could be, "Do you think about it often?" or "How do you feel when you think about it now that you are home?"

The Dangers of Black and White Thinking

Black and White thinking is the tendency to think in absolutes or extremes, such as grouping things as only either positive or negative (Beck, 2011). This way of thinking completely ignores the in-between option and will change how you think about yourself, others, and situations. It is not a beneficial way of thinking and should be avoided whenever you can. Think of a situation where you may have come very close to meeting a goal or obtaining

something you want, but fall just short. Black and white thinking would mean you view this as a complete failure rather than looking at it on a range. Now imagine how this would make you feel. You would likely feel as though you are incompetent and may be less motivated to try again or find another way to meet your goal. Now imagine you think about not meeting your goals in less extreme terms and consider how close you came to meeting them instead, considering it as a smaller success. You will likely think more positively and may even go back to the drawing board in order to figure out how to reach your goal. The same ideas apply for your relationship with your loved one. Make sure you are not categorizing their behavior in black and white terms, or in extremes. This could damage your relationship and block your ability to build a healthy relationship.

Encourage Building of Social Support System

Humans have evolved over time to seek help from one another for survival, both physically and emotionally (Cozolino, 2014). It is natural to seek the support during tough times, as well as happy times. As we learn more and more about what benefits our veterans during the transition home, social support is repeatedly an important topic. Veterans with social support in their lives have been found to be more resilient, have lower rates of PTSD, and are generally more successful in transitioning from combat environments (Sayer et al., 2014). As the loved one of a veteran, it may be helpful to encourage them to socialize with you or with others. Building a social support system will assist them in transitioning successfully to civilian life. Be careful not to push too hard, open the door for them to step through but let them do it in their own way.

Encourage Socialization with Other Combat Veterans

In addition to general social support, the support of other veterans may be vital to the successful transition of your loved one. No matter how hard you may try, unless you have

experienced the horrors of war, it will be difficult to understand or discuss their experiences with them as a civilian. Spending time with other veterans, who can relate to their experiences of war and the challenges of reintegrating to civilian life can normalize their experience (Wilcox, 2010). It will give them an opportunity to discuss their experiences without explaining basic details, or worrying they will overwhelm someone with their stories. It will allow them to feel understood in a way that nonmilitary friends and family may not be able to provide.

As the loved one of a veteran, it may be frustrating to see them spend time with other veterans, especially if they have limited time. But these relationships will help them make meaning and communicate their experiences in ways that they may not be able to with you. It can lower their stress level and reduce other negative emotions, such as survivor's guilt or regret for their actions (Armstrong et al., 2009). Their choice to bond and spend time with other veterans shows they want to deal with issues that arose, which will benefit your relationship. This does not mean you cannot express a desire to see them or let them know if you would like to spend time with them. Another way to manage this challenge is to get to know their military friends, if possible. It may bridge the gap between military and civilian culture and may give you a deeper understanding of their experiences and difficulties.

Trauma Anniversaries and Holidays

Some days will inevitably be harder than others, particularly days that draw attention to combat memories. One example is Veterans Day. For many this is a day of pride and a chance to celebrate sacrifices they made for our country (Adams & Lehnert, 1997; Bluestar Families, 2013). For some, it is a reminder of those they lost or the difficult conditions they faced and then left behind. There may also be days and reminders you are not aware of that create sudden reactions. You may not know the dates of the anniversaries of their comrades' deaths. The key is

to keep an open, nonjudgmental, and compassionate dialogue open with your veteran. If you see that there is a significant change in mood, keep in mind it may have to do with the timing. Consider dates that you are aware of, such as their deployment anniversaries.

John's loss of a fellow unit member was tough for him. He returned home with guilt and felt responsible for the loss of life. This guilt increased around the time that his comrade was killed and he often became quieter and more irritable. During the first year, Maria did not know why his behavior changed. Later, as she learned more about his deployments, especially the death of his team member, she gained an understanding. Around this time each year, she made sure to give John his space and provide opportunities to talk if he wanted to.

Dealing with Stressors

Life does not get put on hold when we feel stressed. At times, it may feel the opposite, as though everything seems to go wrong when you need it to go right. Considering the length of the transition process. There will likely be challenges you both will face during this time. How will you deal with financial difficulties, the death of a loved one, major relationship challenges, etc.? Stressors are unavoidable, which is why it is important to have good coping skills and resources to fall back on when necessary. Veterans who experience more stress after they return home have more difficulties when they transition (Sayer et al., 2014). Major stressors can cause setbacks in your relationship and in their transition process. Minor stressors on the other hand, may not have an immediate impact, but they can build up and eventually cause the same reaction. More about stress, how to recognize and manage, and how your reaction will be influenced by your attachment style will be covered in Chapter 8.

Dealing with Challenging Reactions

Anger. This is often seen as a negative emotion, but the truth is it is a normal, healthy, and sometimes useful emotional reaction. In combat, it is even an effective coping skill. Anger can present in many ways. It may be obvious or subtle, expressed verbally or physically, and it may be immediate or delayed. Some people are uncomfortable acknowledging or expressing anger, so they push it out of their awareness. The problem is that when people dismiss anger, it has a tendency to come out in unexpected or unrelated situations (Orange, 2010). For example, some may be quick to yell or become physically aggressive about seemingly unrelated situations. The stress of transitioning home can bring out anger in both you and your veteran. For example, resentment can be a form of anger that builds slowly and can impact your relationship.

Anger may become a problem when it is not dealt with appropriately. It can seep into all areas of relationships and disrupt intimacy, trust, and connection. It can also lead to violence and aggression that can harm those around. So how do you know when your, or your loved ones, anger is getting out of control? When do you need to take action? Here are some questions you can ask yourself in order to understand more about you or your loved one's behavior (Puff & Seghers, 2014):

- Do you, or your loved one, seem to experience anger in a way that is inconsistent with what happened?
- Have you or your loved one ever hurt yourself or someone else due to your temper?
- Do you or your loved one have a difficult time letting go of angry feelings?
- Do people tend to walk on eggshells around you or your loved one?
- Do you or your loved one seem to fear losing control when angry?

- Have you or your loved one lost relationships because of anger, either due to what was said or actions that were taken?
- Has anyone ever said you or your loved one has an anger problem?

For those that struggle with anger, it can be difficult to control in the moment. Therefore, if you or your loved one has a tendency to express anger aggressively, it will help to set up a timeout system to pause heated conversations until the feeling of anger is under control. There are stress and relaxation exercises that may be beneficial in the moment.

EXERCISE: A technique that will help you or your loved one learn about your anger is to develop a scale from 1-10, 10 being the angriest and 1 being the least angry. Know at what point on the scale actions and thoughts are likely to get out of control, which is a good time to take a break from the situation. When creating this scale, which may take a couple weeks, it may help to carry a small notebook and write down thoughts and feelings that lead to anger. Finally, understand anger is present for a reason. Do not just dismiss it or expect it to go away. To really understand how to control your angrier, you will need to dig a little deeper. Here are some common triggers for anger (Puff & Seghers, 2014):

- Feeling criticized
- Feeling devalued/dismissed
- Feeling disrespected
- Feeling ignored
- Feeling taken advantage of
- Feeling weak
- Feeling unappreciated

Anger influences the way you think and perceive situations, which leads to changes in your behavior. Especially combat veterans may be more likely to see situations as dangerous, threatening, or negative. Because of their experiences and training, they are more likely to see anger as a good problem-solving strategy (Galovski & Lyons, 2004). Anger can also create your loved one to withdraw from people and responsibilities because they worry what they will do or feel guilty about what they have done (Galovski & Lyons, 2004). It can create a cycle that negatively impacts the relationship.

Domestic violence and physical aggression. Domestic violence rates are three times higher among returned combat veterans, especially for those diagnosed with PTSD. Furthermore, if you experienced verbal or physical domestic abuse prior to your loved one's deployment, you are more likely to experience it after they return home (Sayers, 2011). If there are children in the home, witnessing domestic violence can lead to more behavioral problems and poor emotional development (Kitzmann, Gaylord, Holt, & Kenny, 2013). This can lead to difficulties in future relationships and an insecure attachment style.

Abuse does not need to be physical to be harmful. For some it is swearing, constant criticism, throwing things, pushing, grabbing or hitting (US Department of Veterans Affairs, 2016). Verbal abuse can be just as dangerous as physical abuse. If you or someone you love is being verbally abused, there may be serious emotional consequences. Low self-esteem, depression, withdrawal from friends and family are all possible behavioral changes as a result of verbal abuse. They may express sorrow and regret for their actions. However, their behavior is in their control and it is their responsibility to make different decisions. Your first priority is your and your loved one's safety.

There are warning signs of domestic violence: controlling behaviors, excessive jealousy, a tendency to blame other people for problems, frequent conflict, or radical mood changes (US Department of Veterans Affairs, 2016). If you experience domestic violence or aggression, or notice some of these warning signs, make sure to take action. Protect yourself and your loved ones immediately by calling the police or a hotline in your area that can provide you with support.

Substance use. Alcohol and drug abuse are common for those that have experienced traumatic situations. According to the National Center for PTSD, 27% of veterans diagnosed with PTSD have trouble with substance abuse (US Department of Veterans Affairs, 2016). Drug abuse does not just include the abuse of illegal drugs, it can also include prescription and over-the-counter medication, all relatively easy to get. Substance abuse can have very serious consequences. It can lead to violence, as well as problems at work, school, or in relationships, amongst other problems. It can disrupt relationships and change people's personalities so that family and friends no longer recognize them, at times.

The reasons people use drugs and alcohol is often complicated. Pain and suffering is a natural part of life but some do not believe that they can cope with emotional or physical pain on their own. Think about what you do when you have a cold, headache, or injury. Most of us likely take medication, whether it is headache relief or cold medicine, to reduce our suffering and pain. The same process applies to mental health symptoms, such as those that stem from depression or anxiety. Veterans, specifically, may use drugs or alcohol to deal with difficult thoughts, feelings, and memories from combat experiences (Veterans Administration, 2010). They may feel as though they are unable to cope with the trauma or stress they experienced and may turn to drugs

or alcohol to help them. Although it may not be obvious at first, over time, use may increase and become increasingly problematic.

Family and friends may be part of the cycle, by ignoring behavior changes or avoiding confrontation. This is called enabling. It is important, especially when dealing with potential trauma, to be able to recognize signs of substance use and know your options for dealing with the problem.

Recognizing substance use may not always be simple, especially after they return from multiple combat deployments. It may be difficult to tease apart signs of substance abuse from difficulties with their transition or stress and trauma from combat. Some signs may be subtler. You may notice they start to withdraw from normal activities or begin to isolate. They may appear secretive and provide less information about where they are going and what they are doing. You may notice a chance in who they spend time with. Their mood may change. You may find your loved one is irritable, restless, and maybe even appear depressed. They may overreact to situations or comments, particularly those about the changes you see or their drug or alcohol use. There are also more obvious signs that may be present. Your loved one may have difficulty controlling their drinking. For example, they may become intoxicated frequently and at inappropriate times, such as casual dinners or social events.

Now, the important question. What can you do if you suspect your love one is abusing substances? The first thing to remember is it is your loved one's decision to change their behavior. Making the choice themselves is important because recovery from drugs and alcohol is very difficult and may be a lifelong process. Once you understand this and set your expectations appropriately, let them know your concerns about their drug use or alcohol use. Use the whole

messages described above but set very strong boundaries. Let them know you are there to support them but will not tolerate their continued use and provide specific examples.

If they agree to stop using drugs and/or alcohol and seek treatment, there are many options regardless of age, gender, or income. Participating in 12-step program, such as Alcoholics Anonymous or Narcotics Anonymous, is free and provides strong social support. These programs can be found in almost any city and at all times of the day and night. There are also inpatient and outpatient treatment options for those that may need more structure or a more therapeutic environment to deal with additional mental health issues. These will vary in length, participation requirements, location, and price. If you or your loved one is struggling with substance abuse, there are resources provided in Chapter 11 that can help you begin the process of finding the right solution for you.

Depression. This is a term frequently used in our society, however, you may not know what it really looks like, unless you have experienced it. Symptoms of depression include: persistent sad mood, lowered appetite, difficulty sleeping, low energy, loss of interest in activities, lowered ability enjoy activities once enjoyable, poor concentration, guilt, hopelessness, and/or worthlessness, and possibly thoughts of death. The good news is that there is a lot of effective treatments for depression, with and without medication. Individual therapy, particularly, cognitive behavioral therapy has also been found to be very effective in changing the thoughts that perpetuate depression.

Both you and your loved one are at risk for depression after they return. The difficulties we have discussed throughout this book may be enough to trigger some of these symptoms. However, if you or your loved one begin to notice or experience symptoms of depression, the best course of action is to seek individual therapy.

Chapter 8 - Caring for Self and Finding and Sustaining Balance

The Importance of Self-Compassion

Before you can even consider self-care, you have to be able to understand self-compassion. However, you're exhausted, confused, and possibly even trying to figure the status out an important relationship in your life. The last thing you are likely thinking about is compassion, especially for yourself. Compassion is seeing someone in distress, experiencing their pain or suffering, and then wanting to alleviate or lessen it (Neff, 2011). Self-compassion is then recognizing your own suffering, giving yourself a chance to experience and even respect it, and then attempting to lessen it (Neff, 2011). Without the ability to show yourself compassion, you will not be able to do the same for other people. Therefore, the first step to supporting your veteran's transition is to be kind to yourself, understand this is a tough road for both of you, and commit to doing what you can to lessen your own stress. Kindness to yourself and others is a key component of compassion. Self-criticism will only increase your stress and twist your perception of events.

For a moment, consider how you think about yourself in general. Are you more critical, or more forgiving? Do you tend to acknowledge and accept flaws, or do you focus on these and criticize yourself? If you tend to be more critical and less kind to yourself on a daily basis, then these traits will carry over to how you deal with difficult and stressful situations. Use the following self-compassion exercise to consider how compassionate you are during difficult times.

Self-compassion exercise: How do you typically deal with challenging situation. Take out a piece of notebook paper and write down the following questions. Think about them and respond to them over the course of the next week or so, taking time to reflect and really consider the answers.

1. Think about a recent challenge you experienced. What were your first thoughts after encountering this challenge? Is this typically the way you react to challenges or difficulties in your life?
2. How do you typically treat yourself when you encounter a difficulty? Do you ignore your own experience or do you take time to reflect on the present moment and gain awareness of your own feelings, concerns, and thoughts?
3. Do you notice that you tend to think about the situation, and your ability to overcome it, more negatively or positively? How strong do you feel these feelings? Does this strength of emotion persist, or does it decrease over time? Do you avoid emotion and engage in more practical problem solving?

Importance of Self-Care

As the loved one of a combat veteran, your own well-being may not be your priority. You may find that you often think of your loved one first and then consider your own needs after. This may be especially true if you identify with an anxious attachment styles. You are likely preoccupied with fixing or understanding the relationship that you may forget your own needs in the process. The problem with being overly concerned for others, is you may be risking your own mental and physical health. A great example of the importance of caring for yourself is in

the instructions you receive before flying in an airplane. Imaging you are sitting down in your seat, getting ready for take-off, and the flight attendant comes onto the loudspeaker and says:

> "Should the cabin's air pressure change suddenly, oxygen masks will fall from overhead bins. Please place the oxygen ask over your own mouth and nose, tightening the straps on either side to inflate the bag, before helping small children and others around you."

Now, it may seem counterintuitive to help yourself before others, especially small children. Consider this, if you lose consciousness from lack of oxygen, then neither of you will be able to help yourselves or anyone else around you. The same concept applies in relationships, particularly ones with high levels of stress. If you do not take care of yourself, you will not be able to care for or support others who may need your help as well. Family members of combat veterans have been found to have increased risk for mental illness (Riggs & Riggs, 2011). If you are not healthy, mentally or physically, you will not be able to address the challenges in your relationship or support your veteran the best you can. Furthermore, if you have an insecure attachment style that leads you to act out negative relationship patterns, you will have more difficulty finding a healthy balance. Knowing when you need to take care of yourself is important for both you and your veteran.

Recognizing Need for Self-Care

How do you know when are stressed out? The best way to tell if you are becoming overly stressed is if you begin to experience changes in your behavior or the way you feel. Stress reactions are different for everyone. Some signs or symptoms are listed below to give you an idea of what to look for during stressful times.

Signs of Stress

- Changes in mood or increased irritability/agitation
- Feeling overwhelmed
- Difficulty sleep or sleeping too much
- Anxiety
- Frequent worrying
- Isolating/Withdrawing
- Changes in appetite
- Difficulty concentrating
- Negative or catastrophic thinking
- Increased use of drugs or alcohol
- Stomach problems
- Nausea, dizziness
- Frequent illness

Stress is a part of life and it is highly unlikely we will ever rid our lives of stress. However, unmanaged stress, for long periods of time, could lead to serious health concerns or mental health symptoms, such as depression or anxiety (Cozolino, 2014). Choosing not to manage stress will also lower your ability to deal with future stress and can negatively impact relationships, lowering your support to deal with stress (Renshaw & Caska, 2012). It is vital to be able to recognize when you are experiencing stress and use that awareness to choose to take care of yourself.

Self-Care Strategies

Self-care is a broad term that refers to anything that takes care of your emotional or physical health, such as relaxation. It may be taking a walk when your upset, setting healthy boundaries with others, eating healthy, or exercising regularly. Self-care activities should not just be for when you are stressed out or in case you notice some of the symptoms described above. The ideal goal is to prevent stress before it becomes a problem. Finding brief daily and weekly activities to work into your schedule is a good habit to develop. Examples of daily self-care exercises may be eating healthy food, exercising, and/or sleeping 7-8 hours each evening. Another self-care strategy may be to spend quality time with your loved one on whatever schedule works for you both. Here are a couple exercises that will help you get started:

Self-care exercise 1. Make a list of activities you enjoy or that make you feel relaxed. An example could be going for a run, reading a good book, stretching,

or calling a close friend. Try and identify things that will take different lengths of time. Keep this somewhere where you can reference it if you need to. If you own a smartphone, it may be convenient to keep a list on there that you can reference when you need.

Self-care exercise 2. Sit down with a weekly calendar and plan out ways you can include self-care activities into your busy life. Now try to do this each Sunday (or whatever day works best for you) before your week begins to make sure that you will be able to include some activities into your schedule.

Social Support

As we have discussed throughout the book, interpersonal relationships and social support are important to the management of mental health and happiness. It lowers stress and provides an outlet to deal with negative situations. Your social support network should include people outside of your veteran, as you will likely need discuss some of the difficulties you may experience. Similarly, as with the self-care strategies listed above, you will need to carve out time with your support system in order to effectively use them. This could be a text or a phone call to check in and briefly connect with close friends or family. Sometimes, simply hearing the voice of a loved one who supports you and cares for your wellbeing is enough to reduce your stress. Compassion for their experiences is also important. Even during difficult times, when you need their support, make sure to listen to them and be compassionate and empathic to the experiences they wish to discuss. Support that goes both ways will be more meaningful and likely to last throughout time.

Social support exercise. Write down a list of people to include in your social support circle. This doesn't have to be extensive. Try to find five names of people

who you can reach out to and then make a point to contact them weekly or monthly, depending on your schedule and relationship. Use the communication skills discussed in Chapter 4 to express yourself and make sure listen to them as well.

Understanding Enmeshment and the Dangers of Loss of Self

By utilizing good self-care strategies, you will continue to strengthen your sense of self and gain understanding of who you are and what values you hold. Now we have stated many times the importance of social support and relationships to our development and overall health. However, relationships without good boundaries can lead to enmeshment. Enmeshment refers to the process where you are overly dependent or connected with someone (Baptist, Thompson, Norton, Hardy, & Link, 2012). When you are in an enmeshed relationship, you will be more likely to take on their struggles and feel responsible for changing the situation or outcome (Baptist et al., 2012). This is different from supporting your loved one in their struggles as an individual. It limits your self-awareness and ability to manage stress and find a balance.

It is possible that, if you identify with the anxious attachment style, your fear of losing the relationship may prevent you from developing your own sense of self. Laura, Lisa's good friend, is a good example of enmeshment and anxious attachment. She focused on her relationship with Lisa so much that she lost sense of herself. She became consumed with resentment and making the relationship the same as it was before she left. Laura was concerned that if Lisa changed, their relationship would not last, and she would lose her friend.

Self-Gratitude

Finally, while you are seeking balance in this difficult time, do not forget to show yourself some gratitude for the challenges you are facing. Understand what you are experiencing

is difficult, and be grateful to yourself for rising to the occasion. Oftentimes, when faced with difficult situations, such as rebuilding a relationship, it seems like there is a never-ending list of problems that need to be taken care of. Set aside some time amidst the to-do list to find gratitude for yourself and your loved one in small ways, such as the adequate resolution of a problem or argument. Here are some exercises to help you do just that:

Self-Gratitude Exercise 1. Set aside some time to journal about the positive things you have done for your veteran. Write them down in a journal and add to them over time. When you begin to feel overwhelmed and frustrated with progress, open your journal and review them.

Self-Gratitude Exercise 2. Sometimes it can be difficult to be grateful to yourself, especially during times where you may feel down or upset with yourself. One way to take yourself out of this is to find gratitude for someone else, maybe even someone who makes you feel frustrated. Sometimes, showing appreciation for someone else is enough to get you started showing yourself the same amount of appreciation. For this exercise, like the one above, write down a list of characteristics you are grateful for about someone else in your life, maybe even your veteran.

Chapter 9 - Tools for coping with PTSD and mTBI

Most of this book has been focused on general combat stress. However, Posttraumatic Stress Disorder (PTSD) and Mild Traumatic Brain Injuries (mTBI) are central to the experience of combat in our current war. This section will only provide a basic introduction to each of these diagnoses so that you will understand. However, should if your loved one is experiencing any of these symptoms, you will want to seek professional mental health treatment.

Introduction to PTSD symptoms (American Psychiatric Association, 2013)

There are four categories of Posttraumatic Stress Disorder symptoms: Re-experiencing the event, avoiding situations that remind you of the event, negative changes in beliefs and feelings, and feeling keyed up (hyperarousal). An overview of these categories will provide further information about their symptoms. Not everyone will experience all of these symptoms and your loved one should consult with a mental health professional for a formal diagnosis. The following descriptions are merely for your own information and understanding of the experience, should it relate to you.

Reliving the Event. Following a traumatic event, people diagnosed with PTSD may re-experience the event in multiple ways. They may have recurring nightmares or distressing dreams about the event. They may experience the event by having recurrent, involuntary, and distressing memories, called flashbacks. These memories may lead to your loved one feelings as though they are actually experiencing the event in the moment leading to physical and emotional distress.

Avoidance. There are two types of avoidance associated with symptoms of PTSD. The first is an attempt to avoid memories that cause distress or feelings that are related or similar to those experienced during the event. They may try to

push the memories away or be unwilling to acknowledge or discuss them. The second type is trying to avoid external reminders of the event. This make include avoidance of certain activities, situations, people, places, or even certain conversations.

Negative Changes in Beliefs and Feelings. Thoughts and emotions are also significantly changed as a result of PTSD. These following are cognitive and emotional changes that result from this diagnosis:

- Difficulty remembering important aspects of the traumatic event;
- Persistent and exaggerated negative believes about them self, other people, or the world in general;
- Persistent negative thoughts about the traumatic event that may lead to distortions in perceptions and memories (i.e. blaming them self);
- Persistent negative emotional state, such as fear, anger, guilt, or shame;
- Lowered interest in participating in significant activities;
- Feeling detached or estranged from others;
- Difficulty experiencing positive emotions, such as happiness, satisfaction, or loving feelings.

Feeling Keyed Up (hyperarousal). Increased sensitivity to the environment is a significant symptom. You may notice that your loved one is irritable, has sudden angry outbursts, engages in reckless behavior, startles easy, has difficulty concentrating, and has difficulty sleeping.

In order to meet the criteria for PTSD, from a mental health professional, your loved one will need to meet criteria within all categories. Remember, traumatic stress, such as what they

may have experienced in combat, may result in some of the symptoms above but it does not mean they have PTSD.

How to Deal with Difficult Symptoms

It can be frustrating to live with the symptoms described above. At times, the presence of your loved one may feel overwhelming, while at others times, you may feel as though they are not really present, like you are living with a ghost. If you do not live with your veteran, you may find that PTSD makes it difficult to rebuild your relationship. They may be limited in where they are able to go, may become easily overwhelmed and need to go home suddenly, or may experience sudden anger or irritability, making situations tense and difficult for those around them.

Nightmares. This symptom may be more relevant to spouses of veterans who return with PTSD, as nightmares can translate into physical behaviors in bed. It can disrupt their partners sleep and, at times, even be dangerous. There have been many stories of spouses who wake up with bruises due to their partner's flailing in bed (Orange, 2010). If your partner has a tendency to become violent or aggressive while sleeping, it may be beneficial to sleep in a different bed until they can address their nightmares. It may feel like you are abandoning them, however, your safety is the first priority. If you do decide to sleep separately for a period of time, it is important to find other times to be intimate. Maybe set aside time to watch a movie in bed or talk each night before falling asleep in separate beds.

Flashbacks. Flashbacks may occur in different forms. The main aspect of a flashback is that the individual feels as though they are reliving a traumatic experience, likely from their time in combat (Veterans Administration, 2010). Flashbacks can come

on suddenly or they may happen after the individual experiences something that reminds them of the event. This may be a sight, sound, or smell. It may lead to a variety of symptoms, such as anxiety, panic attacks, withdrawal from the situation, etc. Flashbacks can be incredibly disruptive and alarming to witness. They can range in their severity. First, make sure you are safe in their presence, as they may be combative if the flashback is severe enough. Then remind them where they are, that they are safe. Encourage them to look around and take deep, long breaths. Ask them to remember something positive about their life currently or since they came home. Reminding them of the stability will help to ground them and return them to a calmer place (Veterans Administration, 2010).

Withdrawal and isolation*:* For some veterans, the symptoms described above make it difficult to spend time with people and they choose to isolate (Ray & Vanstone, 2009). From your perspective, it may be difficult to support someone who wants to be alone. Furthermore, they may disguise their desire to be alone by participating in other activities. For example, working long hours, exercising, or just spending time out of the house. It may also mean that they immerse themselves in a hobby or seem to appear busy all the time. Remember, social situations may be tough because they are unpredictable for many reasons. They may have a hard time acting "normal" or may be concerned they will overreact or be triggered by something and feel embarrassed. Be patient with them if they withdraw slightly and keep the door open to spending time with them. Offer to spend time doing things that are quiet, like a picnic or walk in the park, or ask to participate in something they enjoy doing.

Mood and thought changes. Traumatic experiences have been shown to lead to negative thoughts about one's ability to survive and function well in society. Individuals

with PTSD have lower self-esteem and difficulty trusting other people (Tanielian & Jaycox, 2008). This tendency to think negatively can lead to symptoms that resemble depression. By continuing to provide support and be present, despite their difficulties, you will be able to reflect a positive and more stable image that they will eventually be able to integrate as their own self-image.

Understanding Triggers

Triggers can be unpredictable and create tension and worry. It can limit the amount or number of activities they are willing to participate in (Orange, 2010). At a minimum, they may be simply more stressful and less enjoyable. For example, going out to dinner may become a hazard because of the crowds and noises. As a loved one of a veteran, you may feel the need to control the environment, explain their behavior, or protect them from the demands and views of others. You may make excuses for their absences and asking others to change their behavior to avoid upsetting them. You may believe this protects them, however, it can actually reinforce the danger of these environments for your veteran (Fredman, Monson, & Adair, 2011). Instead, start an open discussion with them about what is okay to tell family and friends and what they are willing to do. Do not expect other people to change to avoid upsetting your loved one either. They will need to learn how to adapt to unpredictable environments over time and creating an overly controlled environment may be detrimental.

What has been helpful for veterans and their loved one is to start slowly with activities that you both enjoy. Be patient with them, while not making excuses or interfering for them. It is important they develop a sense of autonomy. If you and your loved one enjoyed going to dinner, as discussed above, maybe encourage them to start small by going to lunch or picking smaller, less crowded restaurants in the area (Orange, 2010). Take gradual steps towards participating in

your former activities and encourage open communication with yourself and others. For some with more severe anxiety and panic attacks, it may be necessary to engage in individual counseling in order to combat it. The therapist can help to identify appropriate exposure to triggers that lead to stressful situations.

Potential Impact on Relationships

PTSD can create tension in your relationship. It can lead the other person to feel stressed, isolated or lonely (Dekel & Monson, 2010). You may feel as though you are the only one making an effort, or interested in the long-term relationship. They may have difficult connecting or engaging with you emotionally and may seem completely disconnected. You may even feel ambiguous about the relationship, wondering if you even want to put so much effort into rebuilding it. Part of this may be due to the difficulty they have communicating their experiences, leaving you in the dark (Dekel & Monson, 2010). Now that you have learned more about military and combat experiences, things they may not have been able to describe, you may be able to grasp the reason for these changes (Renshaw et al., 2010). By understanding why, they are reacting a certain way, you may be less likely to take it personally and can react supportively.

Research has shown that strong, supportive, and accepting relationships benefit veteran's PTSD, specifically reducing symptoms and encouraging the use of mental health services (Meis, Barry, Kehle, Erbes, & Polusny, 2010). One possible reason is that loved ones who understand PTSD are able to develop more empathy and engage in more positive, supportive discussions that lead to effective problem-solving skills, such as seeking mental health treatment (Meis et al., 2010). The participation of partners in treatment can also be effective. So, as you can tell, you are a vital component to the recovery of your veteran.

Understanding Your Own Emotional Needs

We have discussed in detail how your attachment style will impact the various states of deployment and the return home. If your loved one is diagnosed with PTSD, there is a high likelihood that the symptoms described above will significant impact the way you feel in the relationship. The tendency of those with PTSD to numb their emotions and avoid upsetting experiences may increase your worry and concern about the state of the relationship. There are also specific ways these symptoms may impact you depending on your attachment style.

If you identify with anxious attachment characteristics, you may be more sensitive to the withdrawal and think they are purposefully avoiding activities with you. Research has shown that the avoidance and withdrawal are the most damaging to relationships for those diagnosed with PTSD (Renshaw & Caska, 2012). Furthermore, stress in relationships with PTSD can worsen these feelings and making it harder to find and use effective coping skills (Renshaw & Caska, 2012). If you identify with avoidance attachment characteristics, you may be less easily triggered by the withdrawal, however, you may have more difficulty expressing your needs due to fear of feeling vulnerable. You may be more likely to make excuses for the relationship, which may lead to more distance in the relationship and potentially longer recovery for both you and your loved one. You may also feel more easily overwhelmed by their needs and difficulties, causing you to withdraw from the situation as well. For both attachment styles, if you are aware of the avoidance, you will be more likely to understand why certain behaviors are taking place, which can decrease your stress and increase your supportive involvement (Renshaw & Caska, 2012). The stronger your tendency to personalize their responses, which will likely be based on your attachment style, the more you will need to work to manage your reaction and find a balance between understanding their situation and meeting your own needs.

Living in a Household with PTSD

If you currently live with a veteran with PTSD, you may experience more significant changes. First of all, you will have little relief from their concerns and their symptoms are more likely to impact you directly. You may worry all the time about possible triggers in the environment and their responses. You yourself may walk on eggshells and fear that you will set them off somehow. The withdrawal, irritability, and depression may be more obvious and in your face. These feelings can trickle down through the members of the household and impact everyone in different ways (Orange, 2010). Communication, healthy boundaries, and self-care are even more important to cope with their return. Make sure to spend some time away from home, participating in activities, or spending time with friends. Remember, you need to take care of yourself in order to be supportive for them.

Another issue that may not be obvious is control and autonomy within the household. During their deployment, you adjusted your routines, dealt with problems, and possibly ran the house on your own. It may be difficult to incorporate them into your new routines or relinquish control (Galovski & Lyons, 2004). You may feel as though your sacrifices and changes were not appreciated, which can lead to resentment (Sayer et al., 2011). Some struggling with PTSD may actually choose not to participate in the household responsibilities right away, leaving you with the burden of everything despite their return. On the other hand, they could be more dominant, quick to anger, and distrusting of people in the house. They may expect that those in the house fall in line and become unreasonably angry if they do not. There are many different ways they may respond while living in the household. As you support and adjust to your veteran's return, make sure you are carving out time for yourself and setting healthy boundaries.

Overview of mTBI Symptoms

Mild traumatic brain injury has been called the "signature wound" of our current war (Tanielian et al., 2008). This is because of the use of Improvised Explosive Devices, or homemade bombs, by the enemy in combat territories. The injury comes from blast waves from the explosions that rattle the brain of those within a certain distance, even if they were wearing helmets (Veterans Administration, 2010). Mild TBI has been found to be difficult to diagnose. Some of the symptoms are similar to PTSD symptoms, such as insomnia, depression, anxiety, concentration difficulties, and increased irritability (Sayer et al., 2014). In fact, many veterans have been diagnosed with PTSD when their symptoms actually stem from an mTBI. The Veterans Administration is making great progress in learning how to distinguish between PTSD and mTBI to avoid a misdiagnosis. Regarding care for mTBI, most service members do not require special treatment if they are diagnosed. The symptoms have been found to disappear on their own over the course of a year. The treatment typically includes treatment for the most difficult symptoms, which could be unique to each person's experience. Although, for most, there is not a need for special treatment, there may be some cirumstances where seeking medical attention is necessary. If your loved one experiences frequent dizziness, headaches, nausea, difficulty thinking clearly, serious depression or detachment, problems functioning in school or work, or suicidal thoughts, you should encourage them to seek medical care.

Chapter 10 - Relationship-Specific Challenges

Most of this book has been dedicated to the loved ones of veterans in general, however, there will be unique challenges in specific relationships. This chapter is geared towards providing you with an understanding of some basic aspects of you can begin to understand how

your own unique relationship with your loved one has been impacted by experience in a combat zone.

Parents of Veterans

As the parents of a veteran, you have a unique relationship, you probably worry about them as your child but also understand they are adults, who may their own tough decisions. When your son or daughter returns from combat, it may be difficult not to worry about them. You likely spent the last year or more continually looking for updates about the war and waiting for your son or daughter to contact you (Armstrong et al., 2009). Now that they are home safe, you probably feel relieved and excited. You may also have some expectations about what it will be like to have them home. Before you decide what their return will look like, try and suspend some of your expectations, as they may be different from when they left.

Many of our service members are young men and women. As parents, it may seem like you were just watching them grow up, graduate high school, and choose to enlist. You may feel as though it is still your responsibility to care for them and make sure they are okay. Even if your child went straight from the home to basic training, they have likely changed significantly while deployed. They have learned technical skills, built self-esteem, witnessed horrific circumstances (Armstrong et al., 2009). They have grown up and are coming home as adults, who have witnessed more than most during their whole lives. These horrific circumstances and the loss may have left a lasting impact on their heart and mind. As a parent, it may be difficult to understand how to interact with or support them during this time.

First, use healthy, assertive communication. To do this, you have to view them as an adult. Use I statements, rather than telling them how they feel or think. If you are giving feedback or expressing concerns, use specific examples and do not accuse or shame them during

your discussions. Oftentimes, parents and children fall into the trap of communicating emotionally or reacting based on their history. Consider the experiences they have had without you. Your son or daughter may feel uncomfortable and push back if you control conversations or expect them to follow your guidance. Try not to be force the issue of discussing their deployment if they aren't ready. They will open up to you when they are ready, although there may be things that they are never ready to discuss. Although it is important to be respectful of their boundaries, you also need to know when they need help. If you are worried about their safety, you should consult with a professional. Consider the warning signs for stress, depression, PTSD, and other conditions discussed above.

If your son or daughter has their own family, they may want to settle in at home first and may have less time for you. Although you are important, they must consider their spouse or children after their time away. If you are nearby, you may be able to babysit so your son or daughter can spend alone time with their spouse and learn to reconnect. Consider other ways you can help ease to the transition in the home, such as helping out around the house or making meals for their family. This will take some pressure off of your child and their family and give you some time to spend with them as well.

It may be beneficial for you to seek your own support through individual counseling or other support programs. If you have developed support systems in their absence, continue to use those resources to support you during your child's return home. Lisa's parents really struggled with her deployment. They worried about her frequently and anxiously waited for her to contact them. While she was gone, they cared for her children, which was an added stress in their lives. A few months into her first deployment, they found a support group through the Veterans Administration. They made friends with other parents with children deployed and were able to

talk about their concerns. They also received tips about how to communicate what was happening and where Lisa was to her young children. It provided an outlet to them so that they could deal appropriately with the loss of their daughter. When she returned, they continued to spend time with friends from the support group, which eased the transition process as well. They developed appropriate expectations by learning about potential challenges from other parents whose children had already returned. Although they still worried and had difficult days with Lisa's children at home, they were able to deal with the challenges and handle their stress better.

Romantic Relationships

Emotional intimacy. Deployment strains relationships between romantic partners, in many different ways (Bluestar Families, 2013). You have both grown and changed as you dealt with the challenges of deployment. When they come home, it may seem as though you do not know each other as well as before. You may feel like strangers in some ways or as though you are walking on eggshells around them. This can be very unsettling because this was someone who you once shared important moments and vulnerable feelings. Now, you may struggle to simply integrate them back into your daily life and have a normal conversation.

Relationships are complicated, even without deployment stress. It is likely you and your partner had difficulties prior to their deployment, as most relationships do. These challenges are probably still a part of your relationship and can complicate the return. It may not be necessary to address them in the beginning. You may need to put them on the back burner to adequately deal with new challenges. This could range from the stress of being apart, feelings of abandonment, PTSD, or serious physical injury. Use the knowledge you gained throughout this book to understand their perspective and experience. They will also benefit from understanding your experiences during their absence. Be prepared to discuss your challenges, as well as your growth

while they were gone. It will take time to reestablish the same sense of familiarity you once experienced, but if you are both committed, trust that it will happen. If you feel resentful or frustrated, it will likely come through in your statements. Be careful not to guilt or shame them while expressing yourself. Use I statements and whole messages to express emotions, thoughts, and needs in the relationship.

Your attachment style will be especially important in romantic relationships. If you have an avoidant attachment style, you may have a hard time letting your partner back in. You may also struggle with opening up or being vulnerable during communication. If your partner has an anxious attachment style, they may need physical and emotional closeness you are not ready for. You may feel as though you are always trying to get your own space, may be overwhelmed much of the time. If you are anxiously attached, you may constantly worry their behavior indicates the end of your relationship, leading to clinging or dependent behavior that can overwhelm your loved one. Your partner may seem as though they are constantly trying to put space between you, especially if they have an avoidant attachment style.

Sexual intimacy. When your partner returns from combat you may feel nervous about establishing sexual intimacy. Patience is very important in order to avoid rushing your partner or yourself through this process. It may feel as though you are dating again and you may need to slowly express your feelings and sexual desires, rather than expect them (Orange, 2010). It will help to discuss ways to increase intimacy and ensure you are moving at a pace that is comfortable for you both (Sautter, Glynn, Thompson, Franklin, & Han, 2009). Keep an open dialogue through the process, expressing both hesitations and desires. If you or your loved one begins to experience anxiety or depression, these may interfere further with the desire to engage in a sexual relationship.

Parenting with a Combat Veteran

Losing a parent during deployment changes the family structure and environment and increases stress. Children are very sensitive to the changes in the household and between parents (Bluestar Families, 2013). During departures and returns, they may begin to demonstrate behavior problems or difficulty managing their emotion. For example, children with deployed parents, between preschool ages and adolescence show more anxiety, depression, anger, and defiance than children who do not have deployed parents (Sayer et al., 2014). When there are multiple and longer deployments these problems typically get worse (Riggs & Riggs, 2011; Sayer et al., 2014). Depending on your child's age, they are likely to react differently because they are at different stages of development.

In the beginning of this manual, we discussed how attachment styles form, as well as how they influence and shape the child, and later adult's, social world. This is a very complex issue and, if you are interested in learning more about how your parenting impacts your child's development, you may benefit from additional reading, which will be provided in Chapter 11. For the purposes of this book, what is important to know is your ability to pay attention to and correctly reflect your child's emotions will help them to have healthy interpersonal relationships. Research shows if your child has a stable and secure attachment to your loved one before they are deployed, they will have an easier time when they return home (Riggs & Riggs, 2011). Similarly, if they have a stable and healthy relationship with the parent who remained at home, yourself, the adjustment process will be less complicated (Riggs & Riggs, 2011). Therefore, you may function as the go-between following their return and may need to help your children or your partner understand the transition process.

It helps to pre-plan and agree on ways to spend time together as a family ahead of time with your co-parent or partner. If you do not live in the same home as your co-parent, creating a schedule that works for both of you and your children will also be helpful. Plan to spend active time together, that is time where you are engaged with your children, not distracted by devices or other individuals. Disciplinary issues can be particularly challenging, as the parent who remained at home during the deployment has been the only disciplinary figure for a while. Try to avoid rapid changes to how the house runs because it may be upsetting to children in the home who rely on the structure and consistentcy (Riggs & Riggs, 2011). Using effective communication stategies, it may be helpful to encourage your loved one to integrate into the existing structure initially, and suggest you make changes together over time. It can be difficult for veterans to return to an environment that feels chaotic and they may tend to appear dominant or rigid in their applications. If they understand you are willing to compromise over time, it may make it less difficult to try it your way at first.

Different age groups will react differently to deployments. Younger children, ages zero to three, may not have memory of the parent prior to deployment. When they return, the deployed parent may be like a stranger. They may cry, pull away, or act out to get attention (Riggs & Riggs, 2011). Spend active time with them, building relationships with them and make sure to to set firm, fair, and consistent disciplinary boundaries.

For children ages four to 12, they may worry their parent may leave again and become dependent to stay close. They may feel a need to tell the parent everything that happened during their deployment. In order to help your child feel secure, encourage your veteran to make future plans with them and follow through. It may also help for them to provides supportive statements whenever they leave the house, confirming they will be back. At this age, it is important to

demonstrate that both parents are involved by participating in activities togeher (i.e. attending school and sporting events). If you are co-parents that do not live together, try to demonstrate a united front and cooperation.

Teenagers (13+ years) may appear to pull away, seem distant, even appear angry after their parent returns home. They may seem as though they are not interested in reconnecitng with the returned parent by not wanting to adjust their schedule or change any plans to spend time with them (Bluestar Families, 2013). As the co-parent, support your loved one by reminding them not to take it personally. Encourage them to make consistent attempts to spend time with your teenager, without pushing, consistently. It also may help to discuss their behavior with your teenager, as they may not realize the impact that it has on the returned veteran. Older teenagers may have taken on extra responsibilities during the deployed parents' absence. They may resent being treated like a child or feel frustrated if they do not feel respected or appreciated (Riggs & Riggs, 2011). As the loved one, it may be helpful to explain to your spouse about the sacrifices your teenager made and come up with a plan together how to reestablish family roles. It may also help to include your teenage son or daughter in the planning to encourage communication and show your appreciation and respect for them.

Here are some parenting excercises that may help you bring your loved one back into the home and into the routine with your children:

Parenting Exercise 1. As discussed above, it is important, especially amongst the chaos of a returned parent, to create as much consistency as possible in the home. Try creating a family schedule by week or month. Include family time into these schedules, as well as individual activities. It may help your younger and older children know where both parents are at any given time. Make sure to show young children the schedule and

explain to them how to read it. This may help to lessen or decrease the stress of regular departures by the formerly deployed parent.

Parenting Exercise 2. One way to ensure your family participates in activities together is to set aside two to four days a week, aiming for a regular schedule (ex: once a week or every second and fourth Saturday). Sit down as a family and create a list of activities that everyone wants to do. Make sure to include lots of free and low-cost activities to ensure that you will be able to participate in the activities regularly. Make sure each family member participates in provided activities for the list. Hang the list somewhere where everyone can see it, such as the refrigerator or pantry door.

Disciplinary Tip. One strategy to avoid conflict in disciplining children is to agree upon consequences prior to the implementation of them. Make a list of acceptable and age-appropriate consequences for each child. Start with the consequences that have been employed in the deployed parents' absence and then include feedback from there. Discuss with the returned parent what has been working and what has not been working and see if they have suggestions for different consequences. Keep in mind that consequences should be fair, firm, and consistent. Overly punitive consequences have not been found to be helpful in deterring negative behaviors. Make sure to communicate with your children the reasons for their consequences as well in terms they will be more likely to understand.

Chapter 11 - Utilizing Resources

This chapter is meant to serve as merely an introduction to the resources available to veterans. Large systems, such as the Veteran's Administration can be difficult to navigate because there are many moving parts. Additionally, the goal is to help you determine when you may need to seek outside help for yourself and when it may be beneficial to encourage your loved one to seek help.

Understanding Reasons Your Veteran May Not Want to Seek Help

Before diving into factors of when and where to find help, the topic of why your loved may hesitate to do so may be helpful. There are many barriers to seeking mental health care in military culture. One of the main reasons is stigma about mental health, which is essentially a negative stereotype or judgment. Many people, especially veterans worry that others will judge them or see them as weak if they experience mental health symptoms. This is improving every day, however many military personnel still believe that they professional and personal lives will be hurt (Tanielian & Jaycox, 2008). There are still policies, institutional structures, and cultural factors that make this true in some ways. Mental toughness, which you likely remember from Chapter 1, is an important value to service members in all branches (Castro et al., 2006). If they admit that they are struggling, it may mean that they have to let go of a deeply embedded value.

Talking about Barriers to Care

Start with your concerns, using the communication skills discussed in chapter 4. Prepare specific examples of your concerns prior to the discussion and be prepared for resistance as it can be a challenging and emotional thing to hear from a loved one. They may feel attacked or frustrated that these issues are being brought up that may lead them to feel vulnerable. When discussing these concerns, it will be important to avoid words or phrasing that may seem

shaming, condescending, or blaming. Keep in mind that there may be serious consequences to not seeking help. By raising your concerns, you are showing how much you care for them, even if they may initially may feel differently. Finally, despite making your best efforts to demonstrate your concerns and ask them to seek help, you also need to understand it is their choice ultimately to seek help. If it is their decision, they will be more motivated and invested in the outcome of their treatment. Otherwise, they may resent you and lose focus easily if they feel the decision was made for them.

When to Seek Outside Help

So what do you do if you believe they need help or are not managing their symptoms well on their own? You may need to encourage them to seek outside help or consult with a professional yourself. Remember, you cannot make this decision for them. All you can do is express your concerns and let them know what kind of options they have for treatment. This may mean you need to do some research. Go to va.gov to begin your search and find out what is available in your area.

Warning Signs of Suicide

- Depressed mood
- Sudden mood changes
- Feeling hopeless or without purpose
- Feeling like a burden to others
- Threating to harm/kill self
- Talking or writing about death, dying, or suicide when out of ordinary
- Changes in physical appearance (e.g. poor hygiene or grooming)
- Anger that is out of character
- Participating in risky activities
- Using drugs or alcohol more frequently
- Withdrawing from friends and family
- Difficulty sleep or sleeping too much

There are certain situations where you should seek immediate outside help. If you are worried about the safety of your loved one or those around them, you should seek immediate outside help. Additionally, if you experience or know of domestic violence you should reach out to the authorities immediately. Other signs that you may need to seek outside help include, frequent conflict with family or friends, difficulty functioning in school or work, or regular

problems in the community (Veterans Administration, 2010). Take a moment to review the warning signs for suicide presented here. If you notice any of these signs present it is important to contact your local emergency services as soon as you can.

Resource List

This guide is meant to serve as an introduction to the range of issues you may experience as the loved one of a combat veteran. However, you and your relationship are unique and will likely need additional assistance. This is a list of resources to give you information on more specific topics. It is organized by category but includes books, websites and smartphone applications that may be useful for you.

General

Websites

Real Warriors
www.realwarriors.net

Military One Source
www.militaryonesource.com

Returning Home
https://afterdeployment.dcoe.mil

American Psychological Association – Military
http://www.apa.org/topics/military/

Wounded Warriors Project
https://www.woundedwarriorproject.org/programs/wwp-resource-center.aspx

Phone Numbers

Emergency Contacts Veterans Suicide Prevention Hotline
1–800–273-TALK (8255)

Digital Resources

Returning from the War Zone
http://www.ptsd.va.gov/public/reintegration/guide-pdf/SMGuide.pdf

Books

McKay, M., Davis, M., & Fanning, P. (2009). *Messages: The communication skills book*. Oakland, CA: New Harbinger Publications.

Children/Family

Websites

American Academy of Pediatrics
www.aap.org

Focus: Family Resilience Training for Military Families
http://www.focusproject.org

National Military Family Association
http://www.militaryfamily.org

Military Child Education Coalition
www.militarychild.org

Blue Star Families
https://bluestarfam.org

United Through Reading
http://www.unitedthroughreading.org

Army Wife Network
http://www.armywifenetwork.com

Our Military Kids: Family Resources
http://ourmilitarykids.org/family-resources/

Sesame Stress for Military Families
http://www.sesamestreetformilitaryfamilies.org

Digital Resources

Everyone Serves: A Handbook for Family & Friends of Service Members: During Pre-Deployment, Deployment and Reintegration
https://bluestarfam.org/resources/deployments/everyone-serves-book/

Returning from the War Zone: A Guide for Military Personnel and Returning from the War Zone: A Guide for Families of Military Members
http://www.ptsd.va.gov/public/reintegration/guide-pdf/FamilyGuide.pdf

Hotlines

Childhelp National Child Abuse Hotline:
1–800–4-A-CHILD (1–800– 422–4453)

Mental Health and Traumatic Brain Injury

Websites

American Psychological Association
www.apa.org

Screening for Mental Health
http://www.helpyourselfhelpothers.org

Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury
http://www.dcoe.mil/Families/Help.aspx

Defense and Veterans Brain Injury Center
http://dvbic.dcoe.mil

Brainline Military: Living with Traumatic Brain Injury (TBI)
http://www.brainlinemilitary.org

Traumatic Brain Injury
https://www.traumaticbraininjuryatoz.org

Digital Resources

Guide to VA Mental Health Services for Veterans & Families
http://www.mentalhealth.va.gov/docs/Guide_to_VA_Mental_Health_Srvcs_FINAL12-20-10.pdf

Emergency Situations/Crisis

Veterans Crisis Line
https://www.veteranscrisisline.net

PTSD

Websites:

National Center for PTSD www.ptsd.va.gov

Make the Connection: PTSD
https://maketheconnection.net/conditions/ptsd

Center for the Study of Traumatic Stress
http://www.cstsonline.org/about-us/mission

Books

Shock Waves: A Practical Guide to Living with a Love One's PTSD
Cynthia Orange (Author)

Domestic Violence

Websites

The National Online Resource Center on Violence Against Women
www.vawnet.org

Hotline

National Domestic Violence Hotline
1–800–799-SAFE (7233)

Wounded Veterans

Warrior Transition Command
http://www.wtc.army.mil/index.html

Navy Wounded Warrior – Safe Harbor
http://safeharbor.navylive.dodlive.mil

United States Marine Corps Wounded Warrior Regiment
http://www.woundedwarriorregiment.org

Caregiver Support

Websites

US Department of Veterans Affairs – VA Caregiver Support
http://www.caregiver.va.gov

National Alliance for Caregiving
http://www.caregiving.org

Suicide Prevention

Websites

Veterans Crisis Line: Veteran Suicide
https://www.veteranscrisisline.net/About/VeteranSuicide.aspx

US Department of Veterans Affairs, Mental Health – Suicide Prevention
http://www.mentalhealth.va.gov/suicide_prevention/index.asp

National Suicide Prevention Lifeline
http://www.suicidepreventionlifeline.org

American Foundation for Suicide Prevention
http://afsp.org/about-suicide/

Mindfulness

Websites

Mindful: Taking Time for What Matters
http://www.mindful.org

UCLA Mindful Awareness Research Center: Free Guided Meditations
http://marc.ucla.edu/body.cfm?id=22

Pocket Mindfulness
http://www.pocketmindfulness.com

Digital Resources

Headspace mobile application (available on iTunes and Android store)
Also available in website

Stop, Breathe & Think mobile application (available on iTunes and Android stores)

Books

Wherever You Go, There You Are
Jon Kabat-Zinn (Author)

Mindfulness for Beginners
Jon Kabat-Zinn (Author)

Career

Websites

US Department of Veterans Affairs: VA for Vets
http://vaforvets.va.gov

Hero to Hired
http://h2h.jobs/jobs.html

My Next Move
http://www.mynextmove.org/vets/

US Chamber of Commerce Foundation: Hiring our Heroes
https://www.uschamberfoundation.org/hiring-our-heroes

Feds Hire Vets
https://www.fedshirevets.gov

Civilian Jobs: Where America's Military Connects with Civilian Careers
http://civilianjobs.com

Substance Abuse

Website

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

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APPENDIX C

IRB Notice of Exemption

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

February 4, 2016

Project Title: Welcome Home! A Manual for Reconnecting with Returned Combat Veterans
Re: Research Study Not Subject to IRB Review

Dear Ms. Barner:

Thank you for submitting your application, *Welcome Home! A Manual for Reconnecting with Returned Combat Veterans,* to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). After thorough review of your documents you have submitted, the GPS IRB has determined that your research is **not** subject to review because as you stated in your application your dissertation ***research*** study is a "critical review of the literature" and does not involve interaction with human subjects. If your dissertation research study is modified and thus involves interactions with human subjects it is at that time you will be required to submit an IRB application.

Should you have additional questions, please contact the Kevin Collins Manager of Institutional Review Board (IRB) at 310-568-2305 or via email at kevin.collins@pepperdine.edu or Dr. Judy Ho, Faculty Chair of GPS IRB at gpsirb@pepperdine.edu. On behalf of the GPS IRB, I wish you continued success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph. D., ABPP, CFMHE
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. Lou Cozolino, Faculty Advisor